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Emergency Plan of Action Operation Update: Lombok Earthquakes 18 months update

 International Federation
of Red Cross and Red Crescent Societies

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| Emergency appeal n° MDRID013 | GLIDE n° EQ-2018-000156-IDN ; EQ-2018-000135-IDN ; EQ-2018-000127-IDN ; EQ-2018-000122-IDN |
| Date of issue: 19 March 2020 | Timeframe covered by this update: 31 July 2018 to 31 January 2020 |
| Operation start date: 31 July 2018 | Operation timeframe: 22 months End date: 30 June 2020 |
| Emergency appeal budget¹: CHF 8,077,623 ² ; DREF allocated loan: CHF 500,000 (first allocation CHF 211,569 on 31 July 2018, second allocation CHF 288,431) | |
| N° of people being assisted: 80,000 (or approximately 20,000 households) | |
| Red Cross Red Crescent Movement partners currently actively involved in the operation: PMI works with the International Federation of Red Cross and Red Crescent Societies (IFRC) and ICRC as well as American Red Cross, Australian Red Cross and Japanese Red Cross Society in-country on longer-term programmes. The American Red Cross, Australian Red Cross, Hong Kong Branch of the Red Cross Society of China, the Canadian Red Cross Society, Italian Red Cross, Belgian Red Cross, Danish Red Cross, Finnish Red Cross, Japanese Red Cross Society, Czech Red Cross, Lichtenstein Red Cross, Spanish Red Cross, Swiss Red Cross, British Red Cross, Austrian Red Cross, Swedish Red Cross and the Netherlands Red Cross are contributing financially to the response. The Singapore Red Cross and Qatar Red Crescent Society are contributing bilaterally to the Lombok Earthquake Operation. | |
| Other partner organizations actively involved in the operation: Mainly national agencies are actively involved in the response. These include the National Search and Rescue Agency (BASARNAS), National Disaster Management Agency (BNPB), the Regional Disaster Management Agency (BPBD), Indonesian National Police (POLRI), Indonesian National Armed Forces (TNI) and local government agencies. DG ECHO, the Governments of Australia (DFAT), the Netherlands, New Zealand, Italy, Lichtenstein, Ireland, Spain, Czech Republic, Monaco, Malta, Cyprus, Luxembourg and Switzerland, the OPEC Fund for International Development (OFID), Coca-Cola Foundation, the Intercontinental Hotel Group, Western Union, IKEA Foundation, Grab, Tides Foundation and private donors from Ireland, Netherlands and the United States provided financial support to the emergency appeal as well. | |

Summary of major revisions made to emergency plan of action:

29 July 2018: A 6.4 magnitude earthquake strikes off Lombok, province of West Nusa Tenggara, at 05:47 local time.

31 July: IFRC allocates CHF 211,569 from the [Disaster Relief Emergency Fund](#) (DREF) to enable PMI to meet the humanitarian needs of 1,000 households (4,000 people).

5 August: A second stronger earthquake, of 7.0 magnitude and depth of 15km hits Lombok at 19:46 local time.

¹ Donor response list: <http://www.ifrc.org/docs/appeals/Active/MDRID013.pdf>

² The budget is revised downwards, from CHF 9,409,650 to CHF 8,077,623, to reflect changes in operational planning and the level of funding available at this time.

7 August: The [Emergency Appeal](#) (EA) was launched, seeking 8.9 million CHF to assist 80,000 people affected by earthquakes in Lombok for 18 months.

9 and 18 August: Magnitude 5.9 and 6.4 earthquakes strike Lombok. According to BNPB, the four quakes killed more than 510 people, injured at least 7,100 others, and displaced more than 431,000 people.

17 August: [Operations Update No 1](#) is published to highlight Indonesia Red Cross (PMI) response with support from the International Federation of Red Cross and Red Crescent Societies (IFRC).

26 August: The transition process from emergency to recovery phase in Lombok starts following the announcement by the Indonesian National Board for Disaster Management (BNPB).³

21 September: The Emergency Plan of Action (EPoA) for Lombok operation is issued.

28 September: [Operations Update No 2](#) is published to provide notification on the EPoA issuance to the public, Movement partners and other partner organizations. It was also to inform the operational budget and key interventions that can be supported with the amount of funding received and expected to be received.

1 October: [Emergency Appeal revision 1](#) is published incorporating the Sulawesi earthquake and tsunami operation, seeking CHF 22 million to enable PMI to deliver assistance to 40,000 households – 20,000 in Lombok and 20,000 in Central Sulawesi.

7 November: [Operations Update 5](#) published to provide a comprehensive summary on current response situation for the Lombok earthquake.

08 November: [Emergency Appeal revision 2](#) is published seeking up to CHF 38.5 million to enable PMI to deliver assistance to 40,000 households – 20,000 in Lombok and 20,000 in Central Sulawesi for 30 months, and includes mid-term to longer-term recovery needs in the affected areas as well investing in increased preparedness and resilience for both affected communities and local actors such as PMI's branches.

11 December: [Operations Update 7](#) is published to provide a comprehensive summary on current response situation for the Lombok earthquake.

27 December: [Emergency Appeal revision 3](#) is published to include response to Sunda Straits Tsunami of 22 December 2018.

14 January: [Operations Update 9](#) is published to provide a comprehensive summary on current response situation for the Lombok earthquake.

11 March: [Revised Emergency Plan of Action 1](#) for Lombok earthquake operation is published, seeking CHF 10,340,223 to assist 80,000 people in 30 months, until 28 February 2021.

29 March: [Operations Update 11](#) is published to inform the publication of the revised Emergency Plans of Action for operations in Lombok, Sulawesi and Sunda Straits.

03 May: [Operations Update 13](#) is published to provide a comprehensive summary of the current response situation for the Lombok earthquake.

10 June: [Six-month report](#) is published to provide a comprehensive summary of the progress of the Lombok operation after six months.

16 August: [Operation Update 16](#) is published to provide a comprehensive summary of the current response situation for the Lombok earthquake.

27 September 2019: [12-month update](#) published to provide a comprehensive summary of 12-month progress of the Lombok earthquake operation.

2 December 2019: Revised Emergency Plan of Action 2 for Lombok earthquake operation is published, seeking CHF 8,077,623 to assist 80,000 people in 22 months, until 30 June 2020.

³ Information from National Disaster Management Agency (BNPB) on 1 October 2018, <http://bnpb.go.id/tanggap-darurat-penanganan-gempa-lombok-berakhir-dilanjutkan-transisi-darurat-ke-pemulihan>

10 December 2019: [Operation Update 19](#) is published to provide a summary of current response in Lombok, Sulawesi, and Sunda Strait, and major revisions made to emergency plan of action.

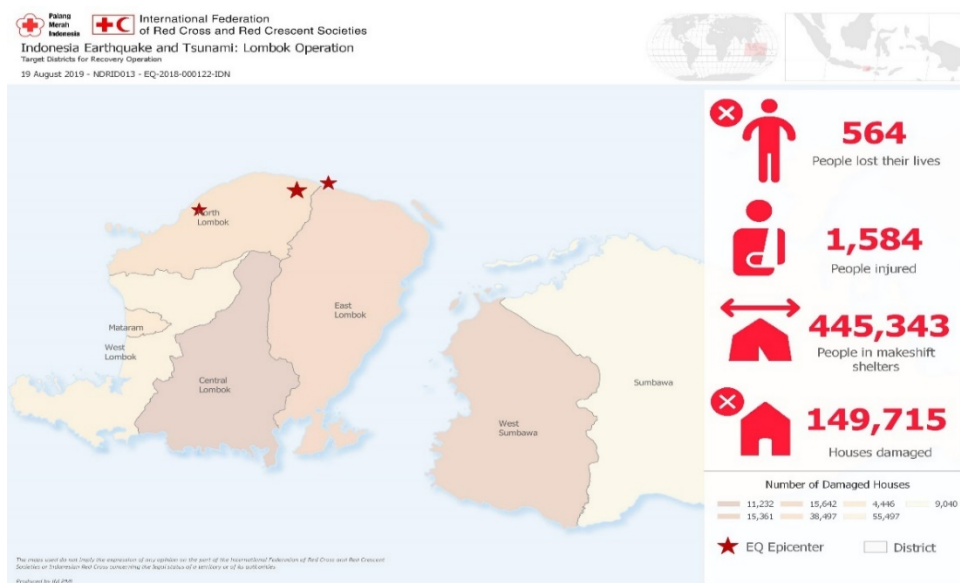
A. SITUATION ANALYSIS

Description of the disaster

Since the first 6.4 magnitude earthquake hit Lombok, province of West Nusa Tenggara, Indonesia, on 29 July 2018, four further earthquakes and multiple aftershocks impacted the districts of North Lombok, East Lombok, West Lombok, Central Lombok, Mataram, and Sumbawa island, in addition to Bali island. The Indonesian National Board for Disaster Management (*Badan Nasional Penanggulangan Bencana* or BNPB) reports that as of 1 October 2018, the impacts of the disaster are as in the infographic below⁴.

The districts' governments affected by the disaster issued a decree⁵ on verification of the number of severe damages that are eligible for government housing assistance within the categories of RISHA, RIKO, RIKA, RISBA, RISBARI. The Government has committed to provide the following cash stimulus for permanent shelter reconstruction:

1. Households with destroyed/heavily damaged houses: 50 million rupiah (approximately CHF 3,473) in 3 installments (target 75,138 units across the 7 Districts)
2. Households with moderately damaged houses: 25 million rupiah (approximately CHF 1,737) – target data not available; and
3. Households with lightly damaged houses: 15 million rupiah (approximately CHF 1,042) - target data missing



Infographic on impacts of earthquakes in Lombok. (Photo: IFRC)

Another magnitude 5.8 earthquake shook the Island of Lombok, West Nusa Tenggara on 17 March 2019, with depth of 19 km and followed within minutes by another earthquake of 5.2 magnitude with depth of 10 km and epicentre located in East Lombok. The earthquake was felt strongly in West Lombok, North Lombok, East Lombok, and mildly in Central Lombok and Mataram. No tsunami alert was issued by the authorities; however, people in Lombok panicked and evacuated to the nearest higher ground.

On 18 March 2019, PMI/ IFRC joint teams visited North Lombok and East Lombok districts for further assessment of damage and needs. An information bulletin was published on 22 March. The findings of the assessment did not reflect major needs. PMI, supported by IFRC, provided assistance to affected families without the need to revise the emergency plan of action.

⁴ Information from National Disaster Management Agency (BNPB) on 1 October 2018, <https://bnpb.go.id/jangan-lupa-ribuan-korban-gempa-lombok-sumbawa-juga-masih-memerlukan-bantuan-kita>

⁵ Presidential Decree No.5 Year 2018 issued on August 23, 2018

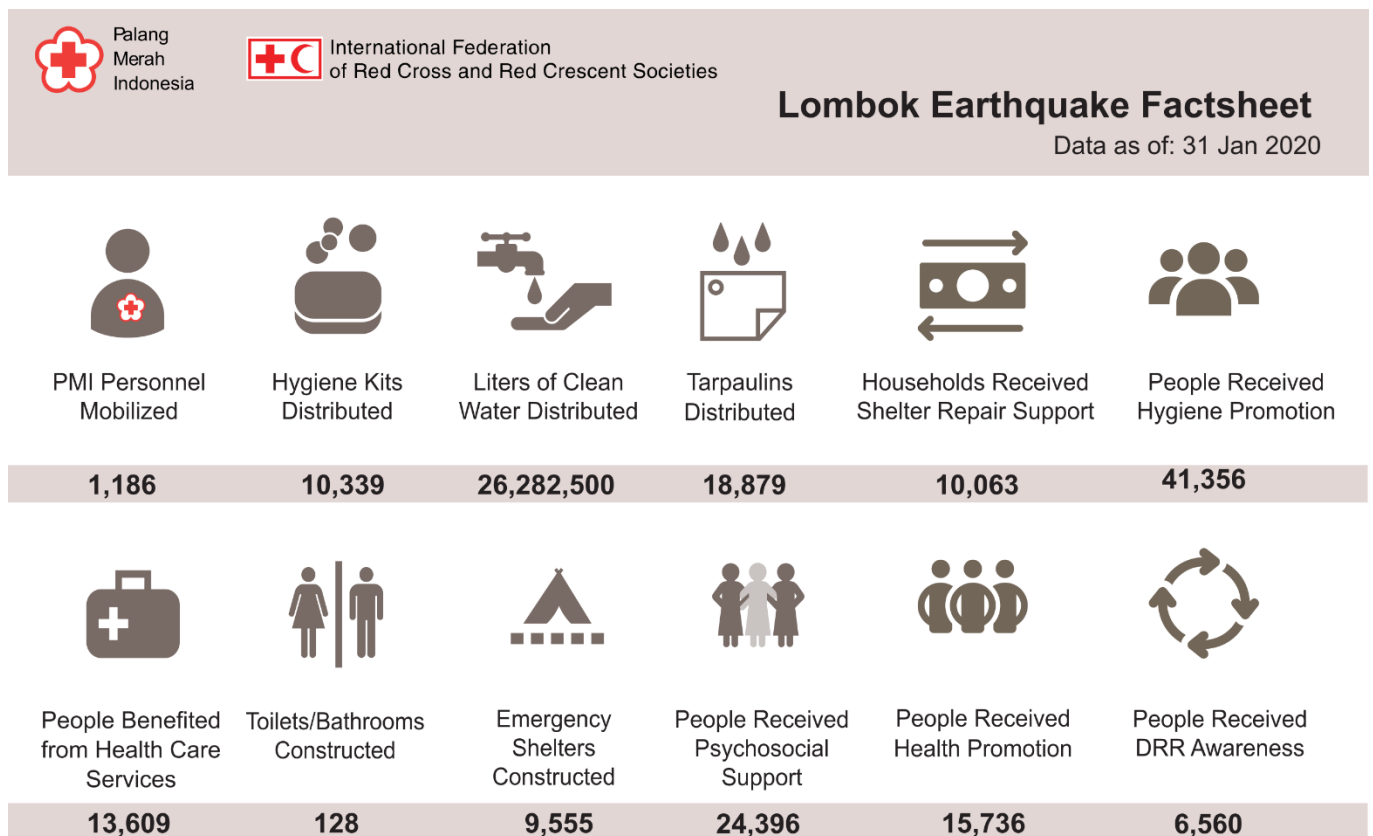
Summary of current response

Overview of Host National Society

PMI has been on the ground from the onset of the disaster. At the national level, PMI NHQ has mobilized more than 900 relief volunteers from outside Lombok, while the PMI NTB Province coordinated the deployment of surge personnel to fill the gap of local volunteers in the districts.

At least 1,186 PMI personnel have been deployed since the beginning of operation, with half coming from neighboring provinces with technical skills on shelter, WASH, relief, cash/voucher, health, DRR and logistic to boost the capacity of PMI NTB provincial chapter.

The following infographic indicates the sectoral highlights of the emergency relief phase and services provided by PMI through the support of the IFRC and the partner national societies as of 31 January 2020.



Source: PMI sitrep
Information reporting systems are improving, however numbers are still prone to fluctuation.

In early 2019, the Indonesian government was aiming to accelerate its permanent housing program. PMI and other humanitarian organizations were directed to shift focus from transitional shelter to other shelter-related support or complementary action to the government's planned assistance. The initial transitional shelter support through provision of conditional cash grant was revised and adjusted accordingly. The cash assistance was redesigned to be used to support the transition process from temporary shelter to permanent housing, including for retrofitting purposes, house repair, rehabilitating household water source or pipeline network, and provision of household items and toolkits. This situation further delayed the progress of the operation.

PMI continues providing services to the public such as health care, psychosocial support services (PSS), safe water distribution, shelters, and distribution of essential household items.

Overview of Red Cross Red Crescent Movement in country

PMI works with the IFRC and ICRC as well as Partner National Societies in-country including the American Red Cross, Australian Red Cross and Japanese Red Cross. Qatar Red Crescent and Hong Kong branch of the Red Cross Society of China are supporting the operation bilaterally with procurement and distribution of tarpaulins and shelter tool kits, while the Turkish Red Crescent is supporting water and sanitation.

PMI works with the IFRC in the country. IFRC has a Country Cluster Support Team (CCST) for Indonesia and Timor-Leste consisting of a head of office and technical capacities in disaster management, health, water, sanitation and hygiene, national society development, including protection gender and inclusion (PGI), communication, community engagement and accountability (CEA) and support services in finance, human resources and administration. Movement coordination meetings were conducted with partners and held as necessary. The CCST has been and is set to continue to provide support to enable the mobilization of personnel and supplies by PMI.

The surge optimization process has supported the deployment of 36 surge staff, 17 of them members of the Regional Disaster Response Team, five (5) operations staffs from National Societies from the region, one (1) emergency response unit, and 13 CCST and APRO/MENA staff supporting the areas of administration, information management, relief, logistics, PGI, communication, PMER and field coordination. A recovery assessment team comprising a team leader, and specialists for logistics, information management (IM), livelihood, WASH, shelter, PGI, migration and displacement, cash transfer, PSS and National Society development (NSD), together with a field coordinator was deployed in late November to early December 2018 to conduct recovery needs assessments and support the transition from emergency response to recovery.

Inter-agency coordination

At the country level, IFRC participates in meetings of the humanitarian country team chaired by the UN Office for the Coordination of Humanitarian Affairs (OCHA) held both during disasters and non-emergency times. PMI and IFRC co-lead the shelter sub-cluster, which is led by MOSA. The sub-cluster is being supported by the IFRC Shelter Coordination Support Team (SCST), for both the Central Sulawesi and Lombok operations. The SCST has been deployed to provide direct support to the Ministry of Social Affairs (MoSA) who is the lead agency for coordination of non-government shelter assistance under the Indonesian National Cluster System. This deployment is part of the IFRCs global commitment as co-lead of the Global Shelter Cluster to ensure effective coordination of the Shelter Sector in Natural Disasters. The team has provided the Ministry with Coordination, IM, and Technical surge support for the ongoing responses in Central Sulawesi (Palu) and Western Nusa Tenggara (Lombok), as well as strengthening the capacity of both the Ministry and cluster partners for this and future responses.

Over the last 18 months, the SCST has been assisting the MOSA to lead the National Shelter Sub-Cluster. The activation of the sub-cluster was the first time since 2013. The primary role of the IFRC SCST has been to support the MOSA in their role as lead coordinator of the shelter sector. The number of agencies actively supporting shelter in both Central Sulawesi and Lombok has dwindled in the last year and a half from approximately 200 to about 60 (with less than half a dozen in Lombok). The SCST continues to coordinate with MOSA and other partners.

The capacity strengthening activities of the team have had significant impact on the MoSA's understanding of shelter issues and consequently has contributed significantly to disaster management in Indonesia. The Shelter Strategies for NGOs assisting in both Temporary Shelter and Permanent Housing in Central Sulawesi have now been passed into law as provincial decrees, providing clear guidance to all remaining actors. (*More information on SCST on Section C*).

Overview of non-RCRC actors in country

The humanitarian response in Lombok is coordinated by the BNPB and the Regional Disaster Management Agency (BPBD) during the emergency phase. They were coordinating the response and collating information on the earthquakes' impact. In the recovery phase, the Ministry of Social Affairs and the Ministry of Public Works and Public Housing are coordinating the sub-clusters or working groups for shelter, WASH, PGI and cash assistance. PMI is participating in the sub-cluster meetings for better coordination and shared resources.

Needs analysis and scenario planning

Needs analysis

The in-depth assessment was conducted in November to December 2018 by a team of experts to analyse the cross sectoral recovery needs and support in designing an effective recovery programme. Findings of the recovery assessment were disseminated to PMI, IFRC, ICRC and Partner National Societies (PNSs) to support early recovery response. The original strategy which was based on the recovery assessment team's recommendation entailed a household core package with priority for shelter and latrine targeting 7,000 families and resilience packages prioritising health, PSS, WASH, DRR, and livelihoods targeting 20,000 households in 20 communities were approved by the PMI Province West Nusa Tenggara. However, the situation on the ground evolved with the acceleration of the

government's recovery plans, and as a result PMI shifted their plans based on the premise that the Government of Indonesia would provide permanent shelter solutions for the affected people.

The needs for shelter, WASH, health and psychosocial support, household relief items and disaster risk reduction were identified from the need assessment and analysis of secondary data. Over 149,000 houses were damaged, and more than 445,000 people have been internally displaced following the earthquake. Displaced families set up temporary camps across 2,700 small-scale displacement sites in proximity of their villages, as well as with host communities. Affected households have resorted to various emergency shelter solutions with some using salvaged materials from the damaged houses while some used relief materials from local NGOs and PMI. However, in the transition to recovery phase, the affected population still needs other shelter items to complement the temporary shelter assistance provided by Government, as well as to anticipate the upcoming rainy season.

Health services were also disrupted by the earthquakes resulting in damaged health facilities – 90 units in North Lombok, 84 units in West Lombok, 35 units in East Lombok, 95 units in Central Lombok, 21 units in Mataram, 21 units in Sumbawa⁶.

In terms of livelihoods, the recovery assessment found that livelihoods were not seriously affected. Consideration was given to the fact that markets and supply chains were not significantly disrupted, price increases have been modest, and the Government of Indonesia is planning interventions to replace lost/damaged assets in agriculture and fisheries. It was therefore recommended that interventions focusing on livelihoods be deprioritised.

In the transition period to recovery, several government health service centres were still not functioning fully, especially in remote areas in North Lombok and East Lombok. Needs remain for continued provision of health services in anticipation of possible outbreaks related to the rainy season from November to March. Along with the recovery period, psychological support services had shifted from efforts to overcome trauma to efforts to encourage participation in the community activities, together with the CEA team, especially by the heads of households, for disease prevention and maintenance of healthy environments. Furthermore, in order to improve individual and community resilience, activities to strengthen existing livelihoods, such as training the masons and carpenters in Building Back Better, will be incorporated under the DRR, WASH and shelter programmes.

PMI and IFRC have been assessing the changing needs in relief and recovery phases. The preliminary assessment report was presented to the PMI Leadership in Jakarta on December 2018 (recovery planning workshop), and recommended the Integrated Model for Recovery⁷, namely:

a) Household 'Core Package':

- Targets 8,000 households (shelter and WASH) targeting up to 20 communities in Lombok;
- Build back safer and general improvements will contribute to improve local capacity to mitigate future disaster risks;
- Requires household-level selection and targeting. This in turn drives which communities are targeted for the community resilience package;
- There are no concerns regarding the use of CTP and locally procured building materials and tools.

b) Community Resilience Component:

- Targets the entire population across up to 20 communities (± 20,000 households);
- Health, PSS, and DRR, plus 'software' components of Shelter/WASH;
- Approach and activities are integrated to streamline and avoid duplication;
- Integrated training, vulnerability and capacity assessments, mobilization, and community action plan;
- Good integration will require villages to own the processes and prioritize/integrate sectors and activities in one harmonized/customized package;
- Integration should be reflected in recovery operation management structure;
- Use the recovery phase to build capacity of local PMI branches for a stronger exit strategy.

⁶ Information from National Disaster Management Agency (BNPB) on 1 October 2018
<https://www.bnpb.go.id/jangan-lupa-ribuan-korban-gempa-lombok-sembawa-juga-masih-memerlukan-bantuan-kita>

⁷ Lombok Recovery Assessment Report, December 2018, page 4

Operation Risk Assessment

Based on field observations, asbestos is widely used in roof construction for many houses in Lombok and Sumbawa. However, there is no map of high-risk zone for asbestos exposure issued by the local government. The risk of exposure to asbestos due to the large number of houses damaged and asbestos pieces in the rubble is significant, which poses a potential risk to health with diseases such as asbestosis and lung cancer. At the moment, there is no report available on the intensity of asbestos particle in the air that could be a reference for raising community awareness on health risks. On 20 December 2018, IFRC Shelter Cluster consultants visited affected locations in North Lombok and found that debris from the asbestos roof were still scattered and at the moment, the asbestos debris has yet to be removed and disposed properly. An asbestos assessment was conducted by shelter cluster on July 2019.

As a result, PMI is taking initiative on promoting asbestos disposal, training of trainers and community sensitization. Personal protective equipment (PPE) for volunteers have also been provided accordingly.

July-September is the peak of the dry season with a trend of decreasing rainfall in West Nusa Tenggara Province, especially Sumbawa and Lombok islands. BNPB has predicted the potential of drought, lack of water, and forest/land fire, especially in drought-prone areas. In response, PMI extended the water distribution through water tanks until November 2019.

The rainy season in Lombok is typically from November to March. Flash floods and landslides triggered by heavy rainfall are possible during the rainy season which may cause access to be hampered and living conditions of the displaced people to deteriorate. The PMI has worked to support the community on the arrival of rainy season.

B. OPERATIONAL STRATEGY

Overall objective

The overall objective of the operation has shifted from immediate relief assistance to recovery activities that will enable affected people to recover their normal lives. This recovery operation aims to support the needs of 20,000 households (80,000 people) of the most vulnerable affected 20 communities in seven districts, namely North Lombok, East Lombok, West Lombok, Central Lombok, Mataram, Sumbawa and West Sumbawa with appropriate medium-term and longer-term assistance in a timely, effective, and efficient manner, as well as accompany them to recover from the impact of the earthquake and increase their resilience to future shocks.

Proposed strategy

In support of the government, PMI's strategy will primarily focus on improving living conditions of the affected people to hasten the recovery process. Mid-term recovery has become the priority of this operation, augmenting the government plans with durable shelter solutions, rehabilitation of WASH facilities, better preparedness for future disasters and the sustainability of benefits achieved within the affected communities.

PMI's operational strategy has been focused on the localization principle wherein the provincial branch of Nusa Tenggara Barat will take the lead on the recovery operation in Lombok and Sumbawa. The core PMI recovery team is shaped based on the provincial organizational structure while the PMI NHQ will provide technical support as necessary.

IFRC will continue to provide technical support on shelter, WASH, PMER, cash-based interventions, information management, CEA, PGI and national society capacity building.

With the support of IFRC, PMI is progressing with:

- Adapting the recovery plan and strategy based on the evolving needs on the ground.
- Integrated programming across sectors and resilience building.
- Identifying the changing needs from relief to recovery phase through VCA, evaluation of activities and direct observation.
- Focusing on recovery, DRR mainstreaming and Building Back Safer.

- Participating in the cluster meetings and better coordination with other local agencies to provide relief and recovery assistance.
- Ensuring community and local government participation, and programme accountability to affected people;
- Providing training on community engagement and accountability and protection, gender and inclusion to volunteers and staff.
- Addressing the health risk of malaria and dengue fever as well as the exposure to asbestos in the community.
- Ensuring volunteers' safety and security and providing volunteer protection equipment including masks and helmets.
- Conducted a real-time evaluation to review the Disaster Management Law in Indonesia and PMI's humanitarian role under the localization principle espoused by the International Red Cross and Red Crescent Movement and the Indonesian government.

Operational support services

Human resources

The operation is being implemented by PMI base units in the affected districts in Lombok utilizing existing staff, with support of the West Nusa Tenggara Provincial chapter and the NHQ. Where needed and as the situation evolves, the National Society may hire additional project staff, supported by the emergency appeal.

The IFRC has and will continue to provide technical support and guidance to PMI. From the onset of the disaster, a team comprising of an operations coordinator and specific technical support from the CCST were deployed to Lombok for sectors including cash transfer programming, shelter cluster coordination, WASH, IT and information management, communications and CEA. This was further supported by additional technical specialists in logistics, procurement, resource mobilization and field coordination in-country, with the Asia Pacific regional office team providing technical advice and support remotely and deploying a logistician and a procurement specialist to Lombok and Jakarta.

The operation is now supported by a programme support delegate based in Lombok and logistic delegate (specializing in procurement) currently based in Palu. Key positions within PMI specific to this operation are also included in this plan of action.

Additional technical support is available from both within the CCST as well as the Asia Pacific Regional Office (APRO), as needed.

Logistics and supply chain

PMI Logistics with support from IFRC is aiming at effectively managing the supply chain, following the Government of Indonesia's regulations and guidance as well as IFRC's logistics standards, processes, and procedures. PMI has its own provincial logistics team based in Mataram provincial office. However, during the emergency stage, due to scope of the disaster, local resources were overwhelmed, and PMI National Head Quarter (PMI NHQ) deployed its emergency logistics team to support the provincial office. Furthermore, the IFRC deployed surge logistics delegate deployed for three weeks from the onset of the operation to support PMI logistics with initial needs assessment and emergency logistics to ensure timely and efficient support to the relief operation. Simultaneously, the regional senior procurement officer from IFRC AP Operational Logistics, Procurement and Supply Chain Management (OLPSCM) department was also deployed to support PMI with local procurement followed by the deployment of the regional logistics coordinator for coordination and technical support.

Logistics ERU and procurement RDRT supported the operation until end of January 2019. System improvements were introduced, including the use of Logistics Inventory and Control system (Logic) and general warehouse management capacity building for local PMI staff/volunteers. A long-term logistics delegate arrived in Lombok on February 2019. The current logistics team, consisting of three IFRC national staff and two PMI logistics staff, is supported by a logistics generalist delegate based in Palu (relocated from Lombok in May 2019).

With the support from IFRC, local procurement for 5,000 solar lamps, 150 sets of PPE⁸ for debris cleaning, 25,000 blankets, 2,700 school kits⁹, 10,000 tarpaulins, 332 family kits¹⁰, 10,150 hygiene kits¹¹ has been initiated by the Lombok logistics team, of which most have been distributed to the affected community. IFRC has established Framework Agreements with three local hotels in Lombok to accommodate PMI/IFRC needs of a safe and reliable accommodation and meeting venues.

PMI, with the support of IFRC, has continued maintaining two warehouses in Mataram City - Warehouse Sweta (9x31m) and Bengkel (9x21m). Major items currently stored in the warehouse are tarpaulins (1,130 pcs), hygiene kits (158 pcs).

PMI continues to run its existing fleet, including three units of light fleet, which were rented during November & December 2019 to transport volunteers and staff to the CVA intervention areas of North Lombok, East Lombok and West Lombok. The current four vehicles that IFRC operated have been in service of PMI/IFRC operation to transport PMI/IFRC staffs to various intervention areas around Lombok since March 2019.

Community engagement and accountability

CEA components, integrated from the start of the operation and continue to be refined and expanded, ensure systematic community participation, regular consultation and feedback from affected population, enabling PMI and IFRC to deliver effective and appropriate services that meet people's needs on the ground.

The provision of information and two-way engagement with the affected population will be a key part of the response design and implementation. Accessible and inclusive feedback and response/referral mechanism are being incorporated across the various programme sectors and services, including through face-to-face interactions. Recognizing that affected people are not passive recipients of assistance but rather at the core of the operation, the operation aims to ensure adequate measures for community participation in the design, implementation and evaluation of plans and implementation processes.

The recovery assessment indicated that affected people need timely, relevant and accurate information from credible and reliable sources through trusted channels. People in affected communities rely on information from official community leaders and informal social or traditional leaders (e.g. heads of village, religious teacher or leader, elders, etc.). Face-to-face dialogue is also their preferred channel for receiving information and providing feedback/inputs. Access to communication channels, the provision or availability of timely, relevant and accurate information, as well as participation in decision-making concerning their recovery were a major challenge at the early stages of operation. PMI, together with IFRC, is on the process of strategizing and finding key spots in communication channels and provide relevant information based in the interventions and addressing rumours as per need.

PMI aims to scale-up and mainstream CEA approaches across all its sectors, integrating CEA activities at each stage of programme intervention and service delivery, from design and development to implementation and monitoring. This recovery operation will seek to meet IFRC minimum standards on accountability to affected population and Core Humanitarian Standard on Quality and Accountability (CHS).

Communications

Maintaining a flow of timely and accurate information to the public focusing on humanitarian needs and the Red Cross Red Crescent response is vital to support resource mobilization and enhance collaboration with partners and stakeholders.

PMI's unique access, expertise, geographic coverage and local knowledge give a huge advantage in external communications. In the first month, the operation received high media coverage both locally and globally with media outlets quoting Red Cross sources and using Red Cross audio-visual material. Local capacity was supported by surge deployments.

⁸ PPE comprises of 1 pc of helmet, 1 pc of asbestos fibre filter mask, 1 pc of safety glasses, 1 pair of gloves, 1 pair of safety shoes, and 1 pc of raincoat.

⁹ School kit comprises of 1 school bag, 10 notebooks, 3 pens, 3 pencils, 1 eraser, 1 pencil sharpener, 1 ruler, 1 pencil case, 1 pack colour pencil, 1 meal box and 1 water bottle.

¹⁰ Family kits comprises of 5 pcs of bar soap, 1 packet of washing powder, 1 bottle of shampoo, 3 pcs of toothpaste, 5 pcs of toothbrush, 3 pcs of towel, 1 pc of dishwashing paste, 1 pc of water scooper, 5 pcs of food grade plastic plate, 5 pcs of food grade plastic cup, 5 pcs of spoon, 24 pcs of candle, 2 pcs of kitchen clothes, 3 pcs of sandals, 5 pcs of weaving cloth/*sarong*, and 10 pcs of waste bag.

¹¹ Hygiene kits comprises of 5 pcs of bar soap, 1 packet of washing powder, 1 bottle of shampoo, 3 pcs of toothpaste, 5 pcs of toothbrush, 20 pcs of sanitary pad, and 2 pcs of towel.

The communications coordinator continues to generate and share materials (photos, videos and stories) on social media and within the Red Cross Red Crescent network. Packages of communications material were shared with the global network including through Newswire for the six-month and one-year marks.

Information management and information technology

PMI utilizes existing capacity to facilitate the collection, collation, analysis and dissemination of relevant multi-sectoral data and information to support evidence-based decision making that contributes to an effective humanitarian intervention. IFRC CCST has installed Radio Communications in all POSKO of PMI District as well as PMI Province NTB, connected by VHF (Very High Frequency). PMI province NTB, PMI North Lombok and East Lombok PMI are also equipped with HF (High Frequency) radios to communicate directly with the POSKO PMI NHQ. Support is also being provided to the sectoral and cross-cutting teams to manage and process information and data including beneficiary lists recorded through assessments utilizing the ODK tool (Open Data Kit/mobile data collection tools).

IFRC ERU IT/Telecom visited Lombok during the immediate emergency phase to assess the IT system and reviewed provincial and district existing IT requirement and challenges. FACT Information Management (IM) also provided support to review and strengthen the PMI information management system and develop staff capacities on data reporting quality. RDRT information management support took over the task of FACT IM until the first week of April 2019.

Security

The National Society's security framework will apply to PMI staff and volunteers. For personnel under IFRC security responsibility, the existing IFRC country security plan, including contingency plans for medical emergencies, relocation and critical incident management will apply. An area-specific security risk assessment has been conducted; a safety and security framework with contextualized operating procedures was finalized. Security guidelines, briefings, trainings and operating procedures were developed in close coordination with PMI to both reflect and enhance their processes already in place. To meet this requirement, the APRO security delegate was deployed on August 2018, along with the IFRC CCST security focal point to Lombok to prepare and put these plans in place. Direct security support for the operation will continue through the IFRC CCST security focal point. Coordination will also be observed with the ICRC through regular information-sharing in accordance with the existing, agreed, arrangements.

Planning, Monitoring, Evaluation, & Reporting (PMER)

IFRC PMER APRO/KL has been supporting the operation since the beginning of the operation by providing reporting guidelines, information on appeal update, and have assisted in the development of relevant communication materials. A PMER delegate was mobilized to Lombok until May 2019 to support the team in monitoring and planning the activities implemented in the field and prepare the weekly situation reports as well as operations updates. On July 2019, PMER surge from APRO supported the operation in-country for one month. The operation is now supported by two PMER national staff (one manager and one officer) and a PMER coordinator based in Jakarta covering all operations under the MDRID013 appeal.

With the technical support of IFRC PMER, PMI has analysed post-distribution monitoring (PDM) and exit survey data conducted during CVA Phase 1.0, Phase 2.0, and Phase 3.0. Simultaneously, a PDM survey is also planned by PMI for another 4,000 beneficiaries of e-vouchers. The methodology has been developed with a statistical sample size of the total beneficiaries with the technical support of IFRC Lombok. The data collection exercise is planned to start on March or April 2020, two weeks after the second encashment of CVA phase 3.0.

At the end of the operation, lessons-learned workshops for cash and the overall operation are planned to bring together PMI Branches, Chapter, national headquarters and IFRC to look at the success and challenges of the operation and identify lessons learned for future operations.

Administration and Finance

The joint IFRC Lombok and PMI finance desk provide the necessary operational support for review and validation of budgets, bank transfers, and technical assistance to PMI on procedures for justification of expenditures, including the review and validation of invoices. PMI has been supported for many years by the IFRC and is accustomed to these financial procedures. The IFRC finance and administration teams in Lombok and Jakarta CCST continue to provide support to the operation as requested by PMI and the IFRC program manager/budget holder.

C. DETAILED OPERATIONAL PLAN

The summary of progress detailed under each sector are only related to the current response in **Lombok and Sumbawa, West Nusa Tenggara (NTB)**.



Shelter

People targeted: 40,000 (10,000 households)

Male: 19,416

Female: 20,584

People reached: more than 40,252 (10,063 households)¹²

Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions

| Indicators: | Target | Actual |
|---|--------|--------|
| # of household living in shelter meeting Sphere standards | 10,000 | 9,555 |

Shelter Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households

| Indicators: | Target | Actual |
|---|--------|--------|
| # of households provided with cash grants | 4,000 | 3,997 |
| # of households provided with shelter support | 6,000 | 6,066 |

Shelter Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households

| Indicators: | Target | Actual |
|--|--------|--------|
| # affected community members trained in block production | 100 | 35 |
| # of households reached with awareness raising activities on safer shelter | 8,000 | 3,997 |

Progress towards outcomes

Shelter and settlement assistance

Since the beginning of the emergency up to reporting period, it is estimated that more than 10,063 households have been reached with relief items and other shelter assistance. PMI has supported the affected communities in the relief construction of 9,555 emergency shelters¹³, distributed various relief items, and reached 6,066 households with cash assistance through e-vouchers and 3,997 households with cash assistance through ATM/Bank Account transfer.

Table 1: Number of emergency shelter constructed

| District | # of shelter sites (sub-villages) | # of emergency shelter constructed |
|----------------|-----------------------------------|------------------------------------|
| East Lombok | 28 | 4,274 |
| North Lombok | 33 | 3,116 |
| West Lombok | 16 | 1,468 |
| Central Lombok | 18 | 467 |
| Sumbawa | 7 | 230 |
| Total | 102 | 9,555 |

Along with 9,555 emergency shelters construction, various key-relief shelter and household items are distributed to the affected communities. Relief item distribution was not done with standard sets of items but based on needs of households. The items distributed are detailed below:

Table 2: NFI items distribution

| Item | Units ¹⁴ |
|-----------------|---------------------|
| Tarpaulins | 18,879 |
| Shelter toolkit | 4,316 |
| Family kits | 175 |

¹² The actual number of beneficiaries receiving shelter assistance is beyond the stated number. To avoid duplication, number of households receiving emergency shelter assistance and relief items are excluded.

¹³ See detail districts in [12-month update](#)

¹⁴ Information reporting systems are improving; however, these numbers are still prone to fluctuation.

| | |
|-------------|--------|
| Blankets | 24,770 |
| School Kits | 1,372 |
| Solar Lamp | 5,000 |

During August 2019 – January 2020, a total of 1,950 tarpaulin have been distributed to approximately 975 households in four districts, to response to heavy rain and strong wind that happened in the region. Below listed the detail of distributed tarpaulins:

Table 3: Tarpaulins distribution during August 2018 – January 2020

| District | # of tarpaulins distributed |
|----------------|-----------------------------|
| East Lombok | 700 |
| West Lombok | 60 |
| Central Lombok | 800 |
| West Sumbawa | 101 |
| PMI NTB | 289 |
| Total | 1,950 |

A total of 5,000 solar lamps have been distributed during 27 September – 17 October 2019, to 5,000 households in West Lombok, Mataram, West Sumbawa, Sumbawa, Central Lombok, East Lombok, and North Lombok. This solar lamp is distributed to affected community to provide safety and security where the case of electricity breakout happened quite frequently. All solar lamps distribution was conducted alongside awareness session to protection, gender, and social inclusion (PGI) issues, with distribution of IEC leaflet on PGI and guidance on operating and maintenance of the solar lamps. Detail number of people reached with solar lamps are as follows:

Table 4 : Solar lamps distribution

| District | # of solar lamps distributed (1 per HH) |
|----------------|---|
| East Lombok | 1,250 |
| North Lombok | 1,750 |
| West Lombok | 750 |
| Central Lombok | 500 |
| Sumbawa | 250 |
| Mataram | 250 |
| West Sumbawa | 250 |
| Total | 5,000 |

During distribution, an exit survey was conducted involving 423 samples from seven affected districts in Lombok and Sumbawa Islands. Most respondents reported that they spent under 30 minutes to reach distribution point and approximately 9% respondents spent more than 30 minutes. This reflected PMI effort on having distribution nearest to beneficiaries' residence (each distribution point in each sub-village.



PMI personnel conducting sessions of PGI awareness and maintenance of solar lamp. (Photo: PMI)



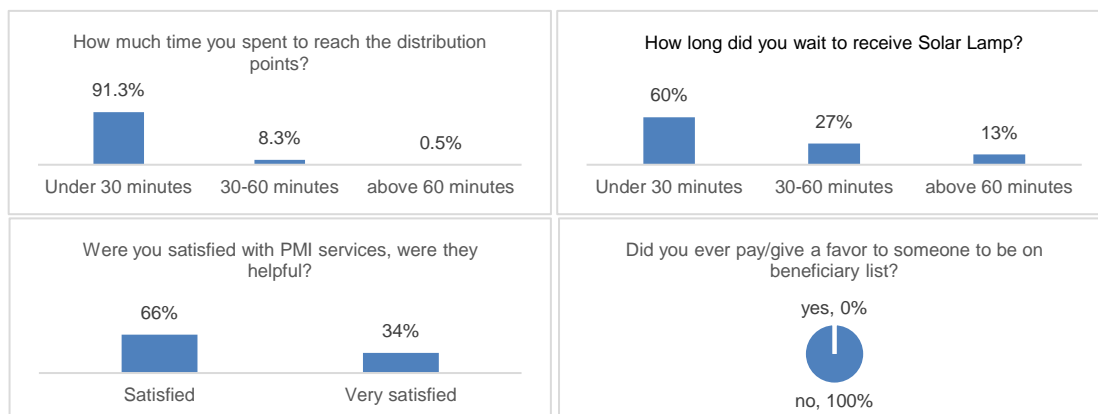
The community uses solar lamp distributed to illuminate their way at dawn fetching water from water source. (Photo: PMI)

During distribution, most respondents reported to waited under 30 minutes, 27 per cent respondents waited for 30-60 minutes, and 13 per cent waited for more than 60 minutes. Distribution was scheduled to serve each sub-village per session, however, longer waiting time existed probably due to additional time spent waiting on people to arrive, ensuring all communities reached on PGI and Solar Lamp usage and maintenance session. In spite of long waiting, respondents admitted that they are satisfied with PMI service during distribution process.

During post distribution monitoring, the community was grateful for having the solar lamp which illuminate their night activity when the electricity is out and their way fetching water to water source at dawn (which mostly done by women).

Furthermore, no one reported to pay or give a favor to someone to be selected as beneficiaries.

Highlight of Solar Lamps distribution exit survey:



Cash and Voucher Assistance (CVA) to support shelter needs

A total of 10,063 families have been supported with cash and voucher assistance (CVA)¹⁵ to support the affected community regaining and restore their houses damaged due to the earthquake. 6,066 households have been assisted with vouchers which were exchanged for household items from local vendors and another 3,997 households have been assisted with conditional cash assistance for shelter, to complement government housing support.

The detail of CVA distribution for phase 1.0, phase 2.0, and phase 3.0 is given in the table below:

Table 5: Cash assistance (e-voucher) distribution

| Cash assistance | Districts | # of beneficiaries who redeemed vouchers | # of Services Provider (Vendor/Bank) |
|---|----------------|--|--------------------------------------|
| CVA Phase 1.0 (e-voucher) | North Lombok | 2,085 | 2 |
| CVA phase 2.0 (e-voucher) | Mataram | 400 | 4 |
| | Central Lombok | 1,907 | 7 |
| | Sumbawa | 792 | 4 |
| | West Sumbawa | 882 | 3 |
| CVA phase 3.0 (ATM/Bank Account transfer) | North Lombok | 1,997 | Bank Mandiri |
| | East Lombok | 1,372 | Bank Mandiri |
| | West Lombok | 628 | Bank Mandiri |
| Total | | 10,063 | 20 |

CVA phase 1.0 and 2.0

E-vouchers worth IDR 930,000 (CHF 65), were distributed to the selected households who had redeemed it for shelter toolkit, kitchen utensil, school kit or electrical items from accredited vendors. School kits were also provided based on needs assessment result in the communities whereby it became an immediate need of the children as they started returning to school after the emergency. The first round of distribution (CVA phase 1.0) was done on October 2018 in Santong village, North Lombok. A total of 2,085 households have redeemed the e-vouchers, out of which 294 are female-headed households. Following the distribution, a post-distribution monitoring survey¹⁶ for CVA phase 1.0 was conducted on January 2019 whereby 206 (almost 10 percent of the beneficiaries) were surveyed to ascertain the effectiveness and appropriateness of the implementation. The second round of cash for shelter support (CVA phase 2.0) was completed on February 2019 in Central Lombok, Mataram, Sumbawa and West Sumbawa. A total of 3,981 households redeemed the e-vouchers, out of which 614 are female headed households.

The PDM for CVA phase 2.0 was conducted on 21-26 September 2019 involving 17 PMI personnel as enumerator, 351 households, and 18 vendors in four districts. Most of assisted people stated that they felt safe and respected during distribution and fully understood the process of voucher redemption explained by PMI personnel during distribution process. Around 14 percent respondents admitted not fully understand the process were seeking assistance mostly from PMI personnel or their relatives during redemption process. Additionally, most respondents

¹⁵ Previously mentioned as Cash-Based Intervention (CBI). Now and onward, the term of Cash and Voucher (CVA) will be used.

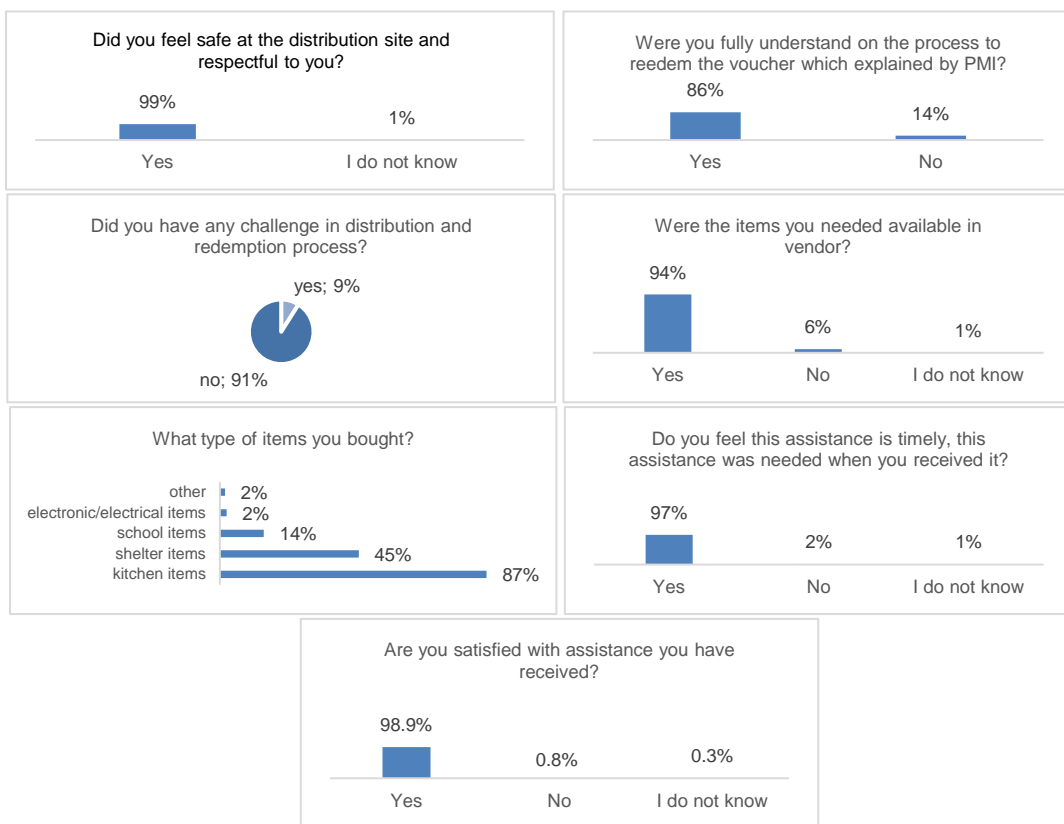
¹⁶ Highlight of PDM CVA phase 1.0 can be found at [six-month report](#).

exchanged their vouchers for kitchen items and shelter items and reported that the items they needed were available at market. Six percent respondents have reported item unavailability which resulted from quick shortage of stocks in vendor due to the heavy flows of beneficiaries coming to redeem voucher.

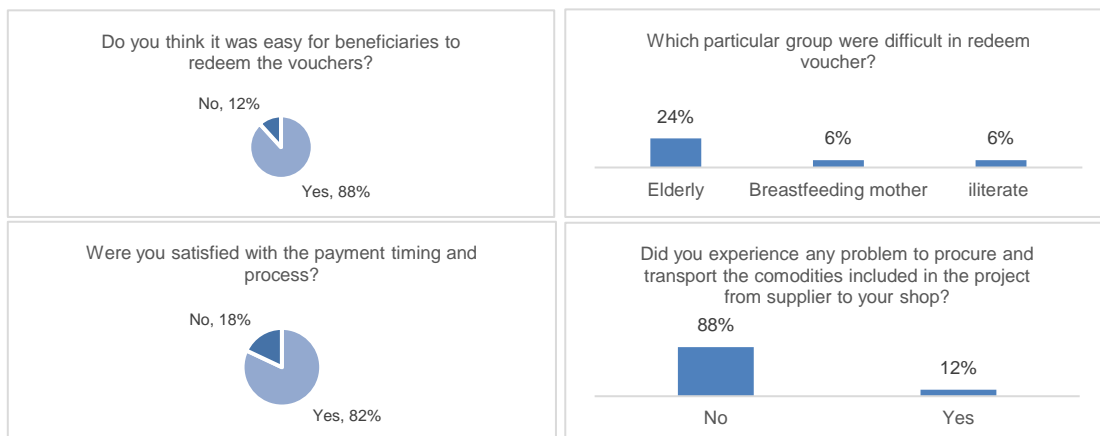
Regarding the timeliness of assistance provided to the affected community, only two percent of respondents have preferred this assistance given sooner to help them recover from disaster impacts. Overall, most respondents claimed that they are satisfied with the assistance they received. Among those who are not satisfied; one person complains the unavailability of the items and one person wants to receive more assistance/cash.

Additionally, vendors reported that most beneficiaries could redeem their voucher easily. Elderly, breastfeeding women, and illiterate people are those faced some difficulties during voucher redemption, therefore were assisted by the vendor staffs and PMI personnel. In terms of payment, most vendors stated that they are satisfied with the timing and the process. Some vendors claimed not satisfied were complaining late payment made by PMI due to longer period for verification and validation process. Moreover, most vendors reported to have no difficulties on procuring and transporting the items supplies to their shop for redemption process. Some reported an increased price on their supplier but confessed that they did not increase item prices to beneficiaries.

Highlight of Post-Distribution Monitoring of shelter assistance through CVA phase 2 (households survey):



Highlight of Post-Distribution Monitoring of shelter assistance through CVA phase 2 (vendors survey):



CVA phase 3.0

During December 2019, another 3.997 households (857 of which are female-headed households) in West Lombok, North Lombok and East Lombok are receiving shelter assistance amounting to IDR 7,000,000 (CHF 500) per household through ATM/bank account transfer. Based on the RAT report, as well as field visits to target beneficiaries, shelter and WASH needs are still high. Therefore, this assistance is intended to support the transition process from temporary shelter to permanent housing support provided by the government which could include retrofitting purposes, house repair, rehabilitating household water source or pipeline network, and provision of household items and toolkits. The aim for the cash transfer is to provide immediate assistance for households to support their priority needs, which could mean that the usage of the cash may vary and not just directly support shelter or WASH. The following describes the process of CVA phase 3:



Assisted person in North Lombok showed her beneficiary card, ATM card, and Savings book received from PMI.
(Photo: IFRC)

Households verification was done during 3-6 December 2019 to verify that the assisted people are indeed resided in the affected villages and confirm their identification detail for banking purposes. PMI personnel visited each household selected as beneficiaries to verify ID and detail of the household and update them as necessary, i.e. misspelled name. Any changes on crucial identity such as substitution of name or person and ID number due to divorce or husband migrating for work, was updated, changed, and agreed upon involving the village head and the related households.

Master list of people receiving CVA was displayed on 12-13 December 2019 (two days) in public places, particularly in the village/sub-village administration office for the community to review and raise any complain regarding the suitability of the selected people. The final list was then agreed and validated with the village/sub-village head.

CVA community socialization was conducted during 15-18 December 2019 to inform assisted community on the process of CVA including distribution of CVA booklet for each household containing the information on the process and the purpose of the assistance. Assisted population is also informed on the schedule and distribution point at the village level.



The master list of people receiving CVA assistance was displayed in village level for community review.
(Photo: IFRC)



PMI personnel conducted distribution process prioritizing vulnerable group (elderly) to be served first. (Photo: IFRC)

Beneficiaries cards distribution was conducted on 16-19 December 2019 in three districts, on eight points in village level as advised by the head of village and consideration to dignified distribution process. PMI personnel verified beneficiaries' ID and detail to ensure smooth distribution of ATM/Bank account.

During the process, an exit survey was conducted during the process involving 343 people (almost 10 percent of the population). Based on exit survey findings, most beneficiaries received adequate information prior distribution, particularly on schedule and point of distribution. Most beneficiaries have also stated that the information given by PMI personnel and the content of IEC material comprehensible enough for them. Only small number of people (illiterate and elderly people) requested assistance to understand the information given.

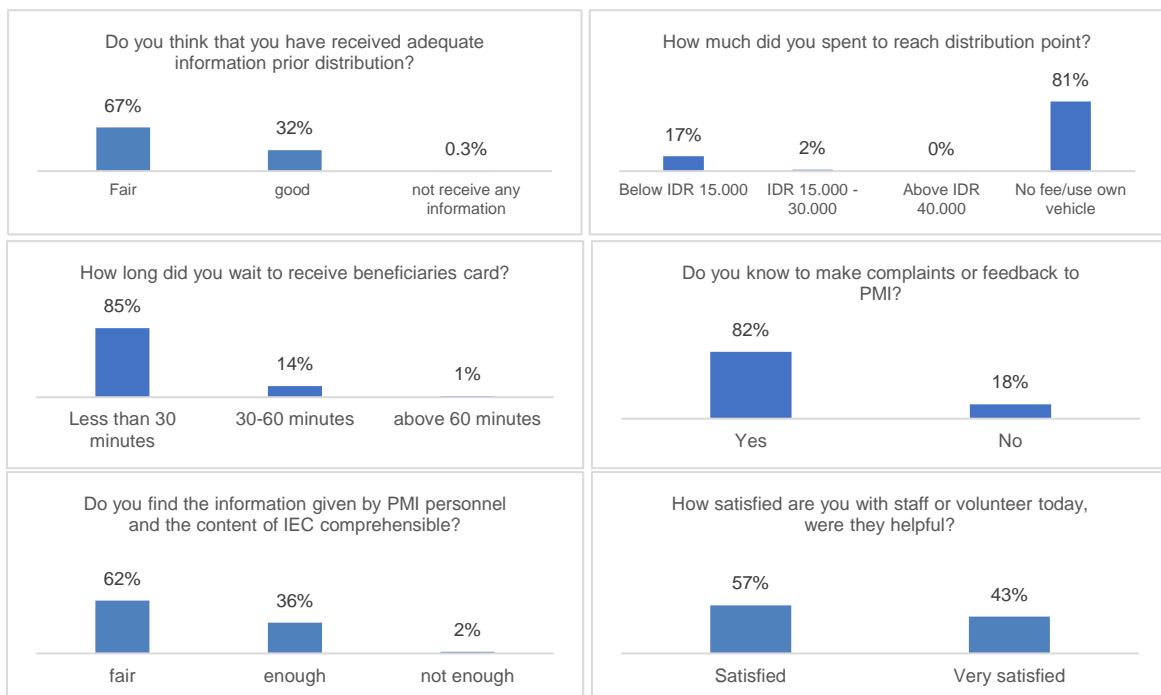
Moreover, most beneficiaries spent around 0-60 minutes and spent no fee (walk or use their private vehicle) to reach the distribution points, while some spent more than 60 minutes and spend around IDR 15.000 (CHF 1). PMI has made eight points available at village level for distribution, however, weather condition (heavy rain which frequently occurred) might have deterred the beneficiaries reaching the location.



PMI personnel conducting exit survey to assisted people during beneficiaries' card distribution (Photo: IFRC)

During distribution, most beneficiaries wait for less than 30 minutes to receive their cards and finish the process. Only a small number stated to wait more than 30 minutes. PMI has scheduled the distribution and prioritizing vulnerable people, however, in a case of village with large number of people receiving assistance, a waiting time might increase. Furthermore, most respondents claimed to know how to lodge a feedback/complaint on PMI feedback mechanism which has been repeatedly announced during distribution process.

Highlight of beneficiaries' cards distribution exit survey



Cash, shelter, WASH session was conducted during 21-25 December 2019 in the sub-village level. Beneficiaries attendance to this session is compulsory to allow the first and second encashment of the assistance. During the session, the communities were sensitized on cash management, Build Back Safer and safe shelter construction, as well as hygiene promotion and safe national standardized latrine construction with septic tank. Along the session, booklets containing information and sensitization messages were distributed to each household.



Each household assisted with CVA phase 3.0 received booklet of program information and booklet of shelter, WASH, and cash management messages. (Photo: IFRC)

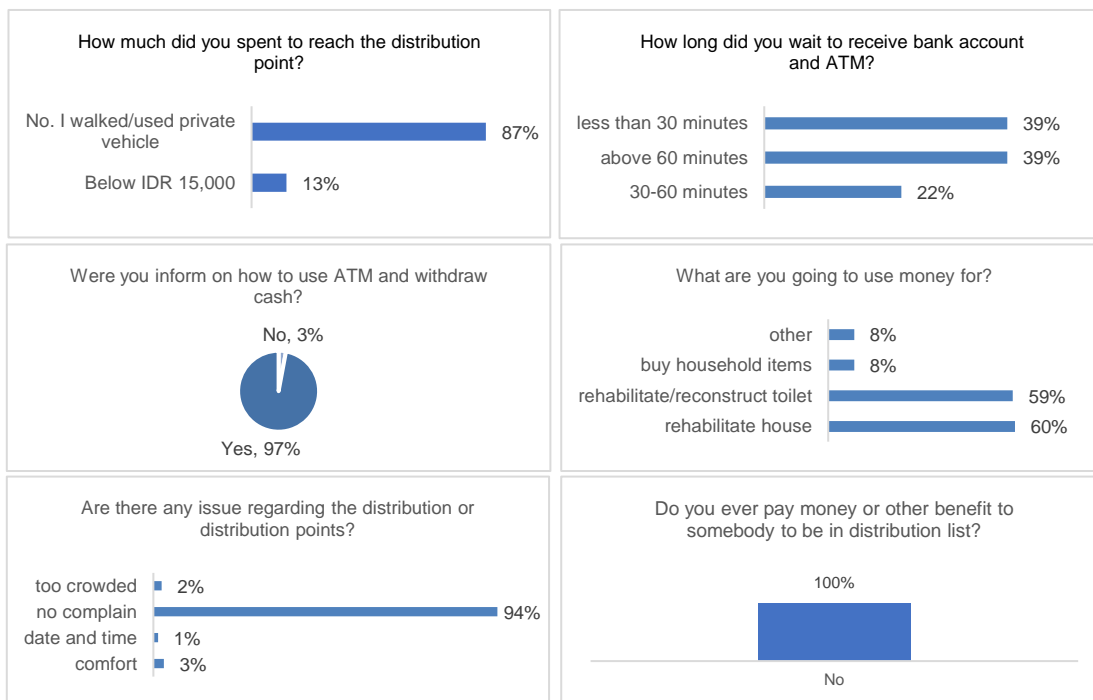
ATM/Bank Account distribution was conducted on 23, 26, and 27 December 2019 at the village level. A joint team of PMI and Bank Mandiri personnel are assisting the community to register a bank account to receive shelter assistance.

During the process, an exit survey was conducted involving 313 (almost 10 percent of the beneficiaries). Based on exit survey, most respondents walked or used their own vehicle to reach distribution points. Only small percentage spent below IDR 15,000 (approximately CHF 1). Similar to the beneficiary card distribution, PMI has made eight nearest points available to assisted population at village level for distribution.

Regarding the usage plan of cash assistance, rehabilitate/reconstruct house and/or toilet is among the highest, followed with some respondents stated to buy households item or use it for other purposes such as

rehabilitate/constructing kitchen, water storage, and electrical installation. Most respondents showed intention to use cash for their shelter and WASH needs which correlate to the purpose of the given assistance.

Highlight of ATM/Bank Account distribution exit survey



First tranche of CVA phase 3.0 assistance was done on 31 December 2019. A total of IDR 4,200,000 (approximately CHF 300) or 60% of the total assistance has been transferred to the assisted people's account. The remaining 40% of the assistance or IDR 2,800,000 (CHF 200) will be transferred early March 2020 to give time to renew the memorandum of understanding with community leaders and provide time for technical monitoring visits on the constructions. The encashment is separated into two tranches to allow beneficiaries to manage and plan for spending and prevent sudden increase on demand and supply prices in the market due to heavy number of people buying shelter items at the same time, and also to allow technical support for quality assurance of the works done. It is expected that the first tranche will be used to buy the material for structuring building purposes, while for second tranche will be used for the remaining work such as furnishing and/or labor fee.

Monitoring field visit is currently conducted since mid-January 2020 to monitor the use of CVA as well as identify and provide technical support on shelter and toilet with septic tank construction for the community. Approximately 10 percent of the assisted beneficiaries will be directly visited to monitor their progress and provide technical support based on construction works done.

Post-distribution monitoring surveys will be conducted on February 2020. A Kobo Collect based survey will be conducted to 10 percent of the assisted population to ascertain the effectiveness and appropriateness of assistance given.

Lesson learned workshop

A workshop to further elaborate challenges, findings, and lesson learned throughout the implementation of CVA phase 3.0 will be conducted in February 2020.

Challenges on CVA:

Beneficiaries' insufficient supporting document such as missing, invalid, or expired ID remains a challenge during CVA phase 3.0 ATM transfer, particularly for bank account registration. Although verification has been done, process of updating ID in the PMI CVA system took quite sometimes which delayed the process. A close coordination with bank personnel is maintained to identify any arisen issue and respond to it accordingly.

Shelter technical support, guidance, and awareness raising for safe shelter

Protecting the volunteer from the exposure of asbestos debris during their activities in the earthquake affected area, the personal protective equipment (PPE) is provided for the PMI chapter province and districts branches. A set of

PPE comprises of safety helmet, safety glasses, asbestos fiber filter masks, gloves, raincoat, and safety rubber boots. The Procurement of 150 PPE sets was completed and handed over to PMI on October 2019 for volunteer protection working in area with asbestos debris exposure. The operation only provides the PPE for volunteers as asbestos still being legal in Indonesia, therefore it is hard to directly intervene in the community. However, the ongoing campaign and awareness promotion of the dangerous of asbestos is maintained in the community.

In terms of shelter technical support, appropriate training material for awareness raising/training have been conducted. Three trainings have been conducted during October to December 2019.

Safe shelter training for masons and carpenters

The first batch of this training has been conducted on 28-30 October 2019, involving 30 masons and carpenters from West Lombok, Central Lombok, North Lombok, East Lombok, and Mataram and facilitated by five (5) facilitator from PMI NHQ, Construction Services Agency of Government's Public Works Office, and IFRC Shelter Cluster. On 21-23 December 2019, the second batch of the training was conducted involving 29 masons and carpenters and facilitated by the two trainers from Government's Vocational Training Centre. During the training, the participants had sessions on asbestos awareness, theory of earthquake resistance building, concept and theory of retrofitting technique, concept and theory of joint technique for wood and light steel, and introduction to RC/RC movement.



Masons and carpenters practicing joint technique for light steel during safe shelter training. (Photo: PMI)

Safe shelter for volunteer

This training was conducted on 15-19 November 2019 and on 22 December 2019, involving 35 PMI personnel from Central Lombok, East Lombok, North Lombok, Sumbawa, West Lombok, and West Sumbawa and facilitated by six (6) facilitators from PMI NHQ and additional four (4) facilitators from PMI NTB. A simulation of safe shelter construction in emergency responding to flood, earthquake, and typhoon disaster in the urban and rural setting was conducted on 22 December 2019. Trained personnel will assist CBAT team in integrating shelter and PASSA to ICBRR program and provide technical support to those beneficiaries who have received CVA for shelter.



PMI personnel practicing concrete block production during the training. (Photo: PMI)

Block production training for volunteer

This training was conducted on 20-21 November 2019, integrated with safe shelter training. A total of 35 PMI personnel from Central Lombok, East Lombok, North Lombok, Sumbawa, West Lombok, and West Sumbawa participated in the training facilitated by six (6) trainers from PMI NHQ and additional four (4) facilitators from PMI NTB. During the training, the participants were exposed to the theory of proper production process of cement block and standard of materials used. On the second day, the participants did block production exercise using the block mold procured. Trained personnel will assist CBAT team in integrating shelter and PASSA to ICBRR program.

A block production training for the community producing block

This training is expected to be conducted on March 2020 in the village implementing ICBRR program.


Furthermore, as mentioned on before, the provision of Cash and Voucher assistance on phase 3.0 is conditioned to attendance to build back safer orientation activities. During the sessions, 3,997 households were sensitised with safe construction of latrines and eight safe shelter key messages as follows:

1. Simple construction design
2. Material and building quality
3. Joint of structure
4. Good roofing
5. The importance to consult construction expert for building works
6. Proper and safe location to build a permanent shelter
7. Good foundation

8. The use of light weight material for building

In addition to the mandatory shelter session for CVA, the PMI personnel visited approximately 10 percent of the community to monitor the use of cash assistance and advise the community ensuring the proper construction works conducted. **This monitoring will be conducted after the second tranche. A Kobo based questionnaire has been developed to assist PMI personnel in monitoring and documenting the progress made by the community. A further technical support will be given as requested.**

In the next months, the shelter activity will be continued with the integration in DRR activity. PASSA components will be incorporated into the community based DRR training curriculum and module and will be implemented along with preparedness activity in the community and formulation of village response and risk reduction plan. Safe shelter and “All Under One Roof” sensitization as well as block production will be conducted in the community implementing integrated DRR activities.

| | | |
|--|---------------|---|
|  <p>Health People targeted: 40,000 (10,000 households) Male: 19,416 Female: 40,584 People reached: approximately 24,396</p> | | |
| Outcome 1: Communities are provided by PMI services that identify and reduce health risks | | |
| Indicators: | Target | Actual |
| <i># of people in target communities' health risks are reduced</i> | 40,000 | 13,609 with basic health care; 15,736 with health promotion ¹⁷ |
| Output 1.1: Target population are provided with services undertaken by PMI that includes: CBHFA, healthy ageing, and non-communicable diseases | | |
| Indicators: | Target | Actual |
| <i># of targeted people received health services</i> | 40,000 | 13,609 with basic health care; 15,736 with health promotion ¹⁸ |
| Output 1.2: Psychosocial support provided to the target population | | |
| Indicators: | Target | Actual |
| <i># of people reached by psychosocial support</i> | as required | 24,396 |
| Progress towards outcomes | | |
| <p>Health care services PMI has continuously provided health services for the community. Since August 2018 to date, PMI has reached 13,609 people with basic health care services (home-based care, basic medical check, and first aid) and 15,736 people have been reached with health promotion.</p> | | |

¹⁷ The number of people reached with basic health care and health promotion might include some duplication due to limitation of detailed beneficiary information. The revision of the EPoA will split these into two indicators.

¹⁸ The number of people reached with basic health care and health promotion might include some duplication due to limitation of detailed beneficiary information. The revision of the EPoA will split these into two indicators.

During the emergency, a total of 36 mobile medical teams were mobilized to provide service in 97 villages/sub-villages in five districts. The medical teams were comprised of one medical doctor, one nurse/midwife, one assistant pharmacist in each and supported by 30 volunteers. Up to end of September 2019, PMI has three volunteers in PMI NTB chapter, five volunteers in PMI North Lombok branch, five volunteers in PMI East Lombok branch, two volunteers in PMI West Lombok branch, three volunteers in PMI Central Lombok branch, and two volunteers in Mataram branch who provided health services and regular home-based care to the community. The home-based care services given are mainly monitoring patients with bone fractures and referring them to get plate implant surgery in public hospital, as well as treating the decubitus patients to recover. Apart from regular activities in the affected population, PMI has also been involved in big events such as regional sporting activities, public days and public events. As of October 2019, the health services and mobile clinic service has been concluded, with a total of 13,609 people reached with health services. However, in December, health services such as basic medical check-up were made available for PMI personnel implementing CVA distribution and DRR activity with a total 150 personnel reached (females: 33, males: 117). Details of basic health services provided by PMI in the affected area is presented in the below chart and table:



Patient with major injury referral to hospital has been one of service given by PMI. (Photo: PMI)

People reached with basic health care services during July 2018 – January 2020:



Table 6: People benefitted from basic health care services

| Districts | No. of people benefitted | Male | Female | No gender data | <5 y/o | 5-17 y/o | 18-60 y/o | > 60 y/o | No age data |
|----------------|--------------------------|--------------|--------------|----------------|------------|--------------|--------------|--------------|--------------|
| West Lombok | 700 | 221 | 314 | 165 | 79 | 109 | 180 | 118 | 214 |
| Central Lombok | 2,363 | 1,031 | 1,332 | N/A | 222 | 409 | 1,146 | 363 | 173 |
| East Lombok | 4,625 | 1,954 | 2,671 | N/A | 273 | 279 | 1,829 | 412 | 1,818 |
| North Lombok | 5,906 | 1,986 | 2,540 | 1,380 | 166 | 406 | 778 | 425 | 4,131 |
| Mataram | 15 | 5 | 9 | 1 | N/A | N/A | 10 | 4 | 1 |
| Total | 13,609 | 5,197 | 6,866 | 1,546 | 740 | 1,203 | 3,943 | 1,322 | 6,401 |

Health promotion services

Until January 2020, a total of 15,736 people has been reached with health promotion activities. Among these, 3,394 households or 13,576 people were reached through mosquito net¹⁹ distribution and dengue/malaria awareness sessions in seven districts of North Lombok, East Lombok, West Lombok, Central Lombok, Mataram, Sumbawa and West Sumbawa. Most health promotion sessions were conducted in integration with other related sectoral promotion activities such as hygiene, asbestos or basic disaster awareness. An average of two to five PMI personnel were mobilized for each session. During the sessions, PMI incorporated information, education, and communication (IEC) materials on dengue fever prevention and proper waste disposal. Information campaigns are also supported by the CEA team. Apart from face-to-face health promotion, PMI has broadcasted video and raised awareness of emerging health risks in the intervention areas, e.g. leptospirosis during flooding through PMI social media and interactive radio show on dengue fever/malaria prevention and control last April 2019. In the coming months, health promotion will be conducted in the target communities in integration with DRR. From August 2019 to January 2020, health promotion activities have already been conducted in four affected districts. Details of basic health promotion provided by PMI in the affected area is presented in the below table.

¹⁹ This item is not procured under the MDRID013, AP034, however, this pledge has covered the mobilization of the volunteer to the field for health promotion.

Table 7: People reached from health promotion during August 2019 to January 2020

| Districts | People reached | Male | Female | No gender data |
|----------------|----------------|------------|------------|----------------|
| West Lombok | 59 | 44 | 15 | 0 |
| Central Lombok | 173 | 73 | 100 | 0 |
| East Lombok | 142 | 37 | 105 | 0 |
| North Lombok | 182 | 17 | 48 | 117 |
| Total | 556 | 171 | 268 | 117 |

Psychosocial Support Services (PSS)

Psychosocial support has been an integral part of the operation, aiming at assisting individuals and communities to heal the psychological trauma after an emergency or a critical event. Since the emergency, around 7 trained PSS volunteers from other provinces, supported by 38 trained local volunteers were deployed to provide PSS. From August 2018 to January 2020, a total 24,396 people, including 28 PMI personnel have been reached with psychosocial support. The PMI chapter NTB and district levels currently do not have specialists in psychological treatment, therefore the PSS activities conducted are those bringing joy and empowerment such as fun and creative learning for children and religious, social, and livelihood associated activities for the community. A total of 24 PMI personnel from seven affected districts were trained in PSS on 27-29 September 2018 to prepare them to deliver PSS service. One volunteer in Province NTB, three volunteers in North Lombok, six volunteers in East Lombok, four volunteers in West Lombok, three volunteers in Central Lombok, and three volunteers in Mataram were mobilized to run PSS activities until concluded on October 2019, mostly conducted along with other sectoral activities particularly health care, DRR, WASH, and safe shelter promotion. Additional IEC materials and toolkits for PSS have been procured by PMI on September 2019. A total of 12 pieces of standing banner and psychoeducation toolkits have been received, which can be used by PMI NTB for future PSS services.

Table 8: People reached from PSS

| Districts | No. of people reached | Male | Female | No gender data |
|----------------|-----------------------|--------------|--------------|----------------|
| West Lombok | 3,735 | 1,558 | 1,776 | 401 |
| Central Lombok | 2,961 | 886 | 1,031 | 1,044 |
| East Lombok | 5,503 | 2,108 | 3,059 | 336 |
| North Lombok | 12,018 | 1,054 | 1,179 | 9,785 |
| Mataram | 6 | 5 | 1 | 0 |
| West Sumbawa | 173 | N/A | N/A | 173 |
| Total | 24,396 | 5,611 | 7,046 | 11,739 |

Ambulance procurement and service provision

Procurement of ambulance for transportation and emergency is on progress. The ambulance equipped with emergency equipment is currently being finalized by the supplier. Workplan for ambulance services is currently being developed to have a strategic guidance on the use of the ambulance and health services provided to the communities. Health personnel in district and provincial levels are now completing the files for registering PMI Ambulance service into the Public Command Centre and Public Service Centre of local Health Department.

Health Training for PMI personnel

To date, four health related trainings have been conducted to develop the capacity of the PMI personnel on health sector. The trainings are as follow:

Specialization of First aid training

This training was conducted on 23-30 September 2019, participated by 40 PMI personnel from North Lombok, Mataram, Central Lombok, East Lombok, Sumbawa, West Sumbawa and West Lombok branches, and PMI NTB chapter. This training aimed to build the capacity, knowledge, and skill of the PMI personnel in delivering first aid service for future emergency response. This marks a total of 80 PMI volunteers trained as first aider (40 from the affected areas), to support emergency response and evacuation. The trained personnel will be supporting health and ambulance services that are currently being developed. PMI appointed at least 30 personnel trained on this training to also participate in ambulance crew training, emergency and referral service, as well as the commercial first aid programme.

Ambulance Crew training

This training was conducted in two batches involving 36 participants from PMI North Lombok, Central Lombok, Mataram, East Lombok, West Lombok and PMI NTB chapter. The first batch was done on 6-12 November 2019 participated by 17 personnel and the second batch was done on 16-22 November 2019 participated by 19 personnel. This training aims at building the capacity of PMI personnel to operate and provide ambulance services, particularly on planning, budgeting, managing human resource and assets, operating, monitoring and evaluating the ambulance services, as well as maintenance of ambulance medical equipment.



PMI personnel practicing evacuation of injured people during Ambulance crew training.
(Photo: PMI)

CBHFA training for volunteer

CBHFA (Community-based Health and First Aid) training was conducted on 25 December 2019 – 1 January 2020. A total of 22 PMI personnel from PMI NTB and all seven affected districts participated in the training. This training aimed to improve PMI volunteers' capacity to support health risk prevention and health promotion in the community. PMI personnel were trained on how to assess the capacity and vulnerability in the intervention areas, health risk reduction and basic first aid services provision at the community level; advocacy and coordination with the local authority for collaboration, and personnel's role on preventing and managing specific health cases arising at the community-level which relates to basic first aid, health promotion, preparedness and outbreak control, communicable and non-communicable diseases, and behaviour changing of the community.

ECV (Epidemic Control for Volunteer) training

ECV (Epidemic Control for Volunteer) training was conducted on 27-31 October 2019, participated by 24 PMI personnel from West Lombok, Central Lombok, North Lombok, East Lombok, Mataram, Sumbawa, and West Sumbawa branches, as well as PMI NTB chapter. This training aimed to increase the knowledge and skill of the personnel on outbreak control, knowledge on the cycle of outbreaks, the risk factors of an outbreak, and the role of PMI volunteers in the prevention and control the outbreaks.

First aid kit procurement

In order to support the first aid services and for the sustainability of PMI services, procurement of first aid kits in portable and trauma bags is being conducted. These kits are expected to support PMI providing service and offering commercial First Aid to commercial enterprises in NTB, such as resorts and hotels. It is expected that these kits will arrive in the coming months.



Water, sanitation and hygiene (WASH)

People targeted: 20,000 (4,000 households)

People reached: 187,381 (including water distribution beneficiaries)

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

| Indicators: | Target | Actual |
|--|--------|----------|
| # of villages with rehabilitated water systems | 16 | On-going |

Output 1.1: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

| Indicators: | Target | Actual |
|---|--------|---|
| # of people provided with safe water according to WHO standards | 10,000 | 187,381 people or 46,845 households ²⁰ |

Output 1.2: Community access to the sanitation facilities is improved

| Indicators: | Target | Actual |
|---|--------|----------------------------------|
| # of households provided with safe sanitation (excreta disposal) facilities | 4,000 | 428 (total 108 communal toilets) |

Output 1.3: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

²⁰ This number is prone to fluctuation. The number of people benefitted from distributed in still in a clearance progress.

| Indicators: | Target | Actual |
|---|--------|--------|
| # of households reached with hygiene promotion activities | 4,000 | 10,339 |

Progress towards outcomes

WASH assessment

Water source and supply assessments were conducted from December 2019 to January 2020 in 16 villages in 6 districts namely North Lombok, East Lombok, West Lombok, Central Lombok, Sumbawa, and West Sumbawa, identifying 23 water supply systems. The assessments were done by a WASH consultant, who was also hired to develop detailed engineering designs for the target water supply systems.

To ensure compliance with Sphere standards and/or national regulations on drinking or clean water, PMI is in the process of procuring the water quality testing equipment to allow quality examination of the water to be supplied through either water trucking or water system rehabilitation work before being supplied to communities.

Daily access to safe water

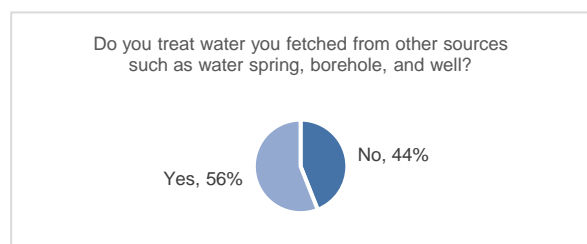
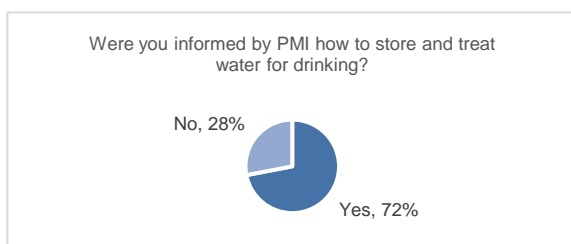
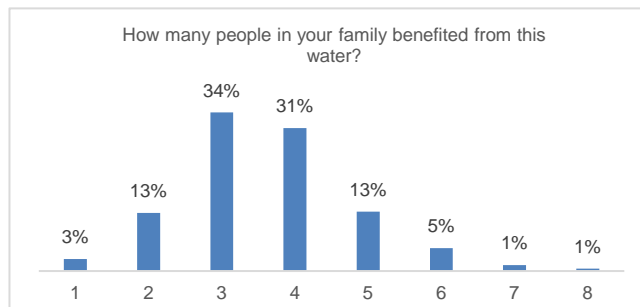
A total of 26,282,500 litres of water were distributed through water trucks in 5 districts since the start of the emergency. The distribution of clean water was concluded on November 2019. The intervention was extended until November 2019 as the water needs were still significant and critical to the affected population, particularly during the dry season of July-September. To date, it is estimated that water distributed benefitted 187,381 people or 46,845 households. During water distribution, PMI volunteers conducted community sensitization on WASH components, such as the importance of treating water (i.e. boiling) prior to consumption, proper handling and storage, proper hand washing with soap, etc.

A post distribution monitoring (PDM) survey was conducted on 13-16 September 2019 in the districts of Central Lombok, North Lombok, East Lombok and West Lombok, with 382 respondents who received water since emergency phase. Based on PDM findings, approximately 88 per cent of respondents started to receive water distributed by PMI early in the emergency phase (August-September 2018), reflecting that PMI water distribution reached them in the most critical period. However, only 14 percent²¹ of the beneficiaries who received water in accordance to the Sphere standards (15 litres/person/day). Most of the rest of the beneficiaries received less than 15 litres per distribution and a small number received more than 15 litres. This was due to unavailability of containers with capacity specific to Sphere standards for water collection and storage. Based on this, it was recommended that at least 2 10-litre water containers or 1 20-litre container should be part of essential household items to be distributed to the communities.

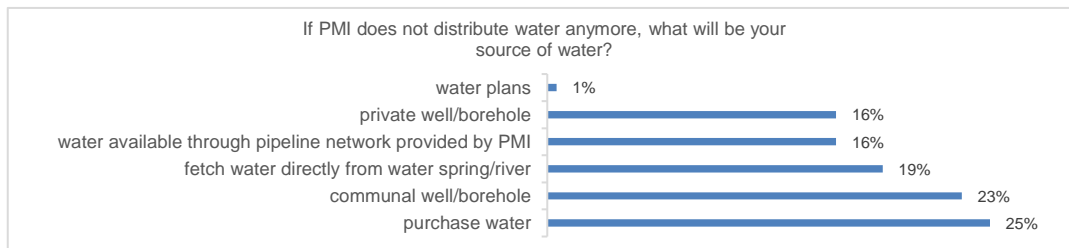


PMI personal distributing water to community's water containers in North Lombok. (Photo: PMI)

Highlight of Post Distribution Monitoring survey of water distribution:



²¹ This percentage is derived from dividing average amount of water received by household each distribution with the number of people each household.



Most of respondents reported that they have been sensitized on water storage and treatment prior consumption during water distribution, yet most communities did not practice water treatment prior drinking the water which has continually exposed the community to risks of water-borne diseases. PMI plans to intensify efforts for hygiene promotion activities, particularly on water treatment to cultivate the habit as most water sources available in the community have been contaminated with e-coli bacteria²³.

Based on the survey, purchasing water and fetching water from communal wells/boreholes and springs/river remain the options for 67 per cent of the respondents. Therefore, PMI water supply systems rehabilitation efforts through improvement of water sources, construction of water pipeline networks, boreholes, or rainwater catchment, would contribute to ensure a better and more sustainable access to water for surrounding communities.

Sustainable access to water for communities

In addition to safe water distribution, PMI is providing sustainable access to water to the affected communities by rehabilitating community water points through installation or fixing of pipelines to deliver water from water springs all the way to the settlement. This has been done since the emergency with a network of 46,907 metres of pipe²⁴ have been installed, serving approximately 24,714 people or 4,834 households. These households were amongst the 46,845 households in villages that also received water through water trucks during the emergency phase of the operation. A total of 10 skilled PMI personnel in North Lombok and five skilled personnel in East Lombok led the project, working with community volunteers. PMI engages these community groups to regularly control and maintain the pipeline. Other water supply systems, from development of water sources (spring catchments, surface water dams, wells), treatment systems (water filtrations) and distribution systems (reservoirs, pipelines, tap-stands), are to be established in affected villages to support sustainable access to water sources. To date, 23 potential water supply systems have been identified across Lombok and Sumbawa Islands. This could increase based on WASH needs reflected in VCA results conducted by DRR-CBAT team.

Community access to sanitation facilities

At least 428 households (approximately 1,712 people) have been provided with 20 constructed/renovated emergency bathrooms and 88 latrines in 22 sub-villages from 10 villages. Apart from this, 20 model latrines with septic tanks were constructed from October to November 2019 in villages also targeted through the CVA. Hygiene and sanitation awareness were also increased, as well as information on maintenance plan distributed and sensitization for each of the latrine was conducted. This was done through IEC material for latrine maintenance posted at the latrine and education sessions delivered to persons in charge for the operation and maintenance indicated in the hand-over certificates. Model latrines were constructed in the following districts:

Table 9: Number of model latrines constructed

| Districts | # of model latrines construction |
|--------------|----------------------------------|
| West Lombok | 6 |
| East Lombok | 7 |
| North Lombok | 7 |
| Total | 20 |

Additionally, 4,000 squat toilets will be distributed to 4,000 households reached with CVA Phase 3.0 to improve their access to sanitation facilities. PMI North Lombok and West Lombok plan to produce these 2,628 and 1,372 closets,

²² Water plans – municipal water supply

²³ Result from water quality testing of five water sources in East Lombok and North Lombok, released by testing centre of department of public work and public housing. Testing result indicates e-coli contamination of 7-70 MPN/100ml (this number should be zero for drinking water based on Regulation No. 492/2010 Indonesian Ministry of Health for Drinking Water Quality). Therefore, boiling water prior consumption is highly recommended.

²⁴ This pledge did not cover the procurement of water pipe, however, it covered personnel mobilization cost.

respectively. PMI North Lombok and West Lombok Branches have squat closet production workshops and were supported with 50 closet moulds and the materials for each. To date, PMI West Lombok has produced 800 closets.

Hygiene promotion

Around 29 local PMI personnel were involved in hygiene promotion activities, with a total of 41,356 people or 10,339 households reached with hygiene kits. Alongside distributions, hygiene promotion activities were also conducted to raise beneficiaries' awareness on proper hygiene practices as well as provide orientation on the proper use of the kits. Hygiene kits comprised of soaps, towels, sanitary pad, toothpaste, toothbrush, shampoo and detergent. The last of the hygiene kit distribution was completed on August 2019. The number of people benefitted from hygiene promotion and number of distributed hygiene kits are detailed in table below:

Table 10: People benefitted from hygiene promotion and hygiene kit distribution

| Districts | # of hygiene kits distributed | # of people reached |
|----------------|-------------------------------|---------------------|
| North Lombok | 4,180 | 16,720 |
| East Lombok | 2,405 | 9,620 |
| West Lombok | 1,676 | 6,704 |
| Central Lombok | 910 | 3,640 |
| Mataram | 375 | 1,500 |
| Sumbawa | 418 | 1,672 |
| West Sumbawa | 375 | 1,500 |
| Total | 10,339²⁵ | 41,356 |

Hygiene promotion covered several topics aligned with the Indonesian government health department messages for hygienic and healthy life. Proper hand washing, domestic waste management, grey water, stopping open defecation, and suitable quality for drinking water were among topics covered. PMI produced and used IEC materials such as banners and posters as tools for promoting hygiene and healthy lifestyle. The awareness raising session was also complemented with simulations and exercises.

To improve PMI personnel capacity in delivering hygiene promotion, Participatory Hygiene and Sanitation Transformation (PHAST) training was conducted from 23-27 September 2019, participated by 25 PMI personnel (1 female and 24 males) and facilitated by PMI NHQ, PMI East Lombok, IFRC and Provincial Health Office of NTB. Following the training, PHAST Step Four – Selecting Options and Five – Planning for new facilities and behaviour change was organised in Sintung Villages, Central Lombok District, involving 25 CBAT volunteers.

Hygiene promotion activities were also conducted at schools targeting students and teachers. Sessions were delivered through education sessions, quizzes, games and roleplays. Approximately 180 students and teachers were reached with hygiene promotion in East Lombok, Central Lombok, North Lombok, and West Lombok.



PMI personnel conducted hygiene promotion session to students. (Photo: PMI)

In the coming months, hygiene promotion activities will be conducted as an integral part of ICBRR in 16 villages. Topics and strategy of hygiene promotion campaign are determined from VCA results. The detailed strategies of implementation are currently being developed.

²⁵ 189 of 10,339 hygiene kits distributed are not under MDRID013 appeal.



Protection, Gender and Inclusion

People targeted: All people affected

People reached: To be confirmed

Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs

| Indicators: | Target | Actual |
|---|--------|--------|
| <i>The targeted community are able to identify vulnerable and marginalized group among their community.</i> | Yes | Yes |

Output 1.1: Emergency response operations creates awareness, mitigates, and respond to sexual and gender-based violence and all forms of violence against children in disaster.

| Indicators: | Target | Actual |
|---|--------|--------|
| <i>The operation demonstrates evidence of compliance with IFRC minimum standard commitments to gender and diversity in emergency programming.</i> | Yes | Yes |

Progress towards outcomes


Mainstreaming PGI across the sectors is an ongoing effort which aims to ensure that services provided to people reached are gender and diversity sensitive, have a protective value and tailored to be inclusive for all. Early recovery planning incorporated PGI aspects, which remain an important element factored in programming. For example, ensuring latrines are accessible to people with disabilities, specifically people with mobility restrictions; dedicated hygiene kits for women, separation of areas for latrines/bathrooms between men and women, determination of locations of latrines to provide access to everyone and inclusion of lighting at the latrines and bathrooms for safety.

A PGI workshop was held for PMI volunteer to ensure mainstreaming of PGI components into all intervention of the operation. PGI integration also enabled for dignified distribution process, particularly in adherence to PGI minimum standards, considering the specific need of population served, i.e. people with disability. Communication and coordination between PMI NHQ, NTB chapter, district branches, and IFRC need to be reinforced to allow smooth and effective implementation.

PGI message on protection and hotline numbers both of PMI and government agency for SGBV and child protection are included in flyers distributed alongside 5,000 solar lamps distributed to all seven districts in NTB province done on September-October 2019. Around 30 volunteers were mobilized during the distribution and sensitization on solar lamp usage and maintenance, including protection awareness session.



JANGAN TAKUT UNTUK MELAPORKAN SEGALA BENTUK KEKERASAN!
Kami menjamin kerahasiaan pemberi informasi
Hotline PMI: 081 9909 73543
Telepon Pelayanan Sosial Anak (TePSA): 1500 771

PGI tagline and hotline numbers to report harassment and GBV report case are available in the solar lamp flyers. (Photo: IFRC)



Migration and displacement

People targeted: To be confirmed

People reached: To be confirmed (However, 53 people received RFL services so far)


Outcome 1: Communities support the needs of migrants, those displaced and their families and those assisting migrants and displaced persons at all stages

| Indicators: | Target | Actual |
|--|--------|--|
| <i># of people reached with services for migration assistance and protection</i> | TBC | Outcome indicator will be reported in final report |

Output 1.1:
"Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster"

| Indicators: | Target | Actual |
|-------------|--------|--------|
|-------------|--------|--------|

| | | |
|---|-----|----|
| # of people reached with services for migration assistance and protection | TBC | 53 |
| Progress towards outcomes | | |
| A total of 53 cases of Restoring Family Links (RFL) have been registered and resolved. The RFL services have been discontinued after the early emergency phase. Improvements on this service will be discussed with the National Society wherein lessons learned from the workshop held on January 2019 will be incorporated to future PMI plans and capacity enhancement programs. The workshop was led by the ICRC, with support from IFRC and PMI in Lombok. | | |

| | |
|---|---|
|  | <h3 style="color: red;">Disaster Risk Reduction</h3> <p>People targeted: 62,476 (16 villages) Male: 30,390 Female: 32,086</p> <p>People reached: 6,560 people</p> |
|---|---|

Outcome 1: Communities in high risk areas are prepared for and able to respond to disaster

| Indicators: | Target | Actual |
|---------------------------------------|--------|--|
| Community preparedness plans in place | yes | Outcome indicator will be reported in final report |

Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters

| Indicators: | Target | Actual |
|--|--------|-------------|
| # of contingency plans/early warning systems developed among target population | 16 | Not started |
| # people reached with public awareness and education campaigns using harmonized messages to reduce, mitigate and respond to identified risks | 62,476 | 6,560 |

Output 1.2: NS Capacity to support community-based disaster risk reduction, response and preparedness is strengthened

| Indicators: | Target | Actual |
|--|--------|----------|
| # of community-based action teams provided with proper training and equipment for emergency response | 16 | On-going |
| Advocacy with local governments and village committees on disaster risk reduction | Yes | On-going |

Progress towards outcomes

Communities take active steps to strengthen their preparedness for effective response to disasters:

To date, a total of 6,560 people in Central Lombok, West Lombok, North Lombok, Sumbawa, Mataram, and West Sumbawa have been reached with basic awareness on DRR. These activities were conducted in schools and communities, providing knowledge on how to evacuate safely in case of disaster. The details of DRR awareness session are provided in the table below:

Table 11: People benefitted from disaster risk reduction awareness session:

| Districts | No. of people benefitted |
|----------------|--------------------------|
| West Lombok | 73 |
| Central Lombok | 708 |
| North Lombok | 4,401 |
| Sumbawa | 1,162 |
| West Sumbawa | 92 |
| Mataram | 64 |
| Total | 6,560 |

Integrated Community-Based Risk Reduction (ICBRR)

DRR activities in the community is implemented through ICBRR approach which integrates modules of community-based disaster risk reduction, community-based health and first aid, participatory approach on hygiene and sanitation transformation, and participatory approach on safer shelter awareness. ICBRR will be implemented within Tier 1 and

Tier 2 areas. A total of 11 villages will implement ICRR Tier 1 and another 5 villages will be selected to implement ICRR Tier 2. Tier 2 has two more activities (mitigation and procurement of emergency response equipment) compared to Tier 1. Those villages are determined based on scoring matrix of selection criteria such as highly destroyed by the Lombok earthquake, exposed to multi-hazard with high risk levels, being among PMI intervention area, showing acceptance and commitment to the programme, and begin agreed by inter-cluster members to avoid overlapping of intervention areas.

Table 12: Selected villages to implement ICRR

| Districts | Selected villages |
|----------------|--|
| West Lombok | Gelangsar, Lembah Sari and Guntur Macan |
| Central Lombok | Sintung and Selebung |
| North Lombok | Pendua, Rempek, Loloan, Gumantar and Jenggala |
| Sumbawa | Labuan Mapin |
| West Sumbawa | Lamunga |
| East Lombok | Labuan Pandan, Gunung Malang, Madayin and Sugian |
| Mataram | Five school based DRR |

Socialization ICRR

Community socialization is one of the crucial steps in the IFRC’s “Road Map to Community Resilience to Engage the Community”. This activity is significant to engage and gain appraisal from the community and stakeholders for programme implementation. The community engagement for DRR recovery program started at the end of July 2019 and lasted until early December 2019.

Vulnerability and Capacity Assessment (VCA)

VCA is aimed to understand the level of people’s exposure to and capacity to prepare for and respond to hazards at community level. As an integral part of disaster preparedness, VCA allows for communities to actively contribute to their own community-based disaster preparedness program by allowing people to identify and understand disaster risks. The communities set priority actions to reduce and/or mitigate the risks and to strengthen their resilience. The VCA process includes the following activities:

- **Integrated Baseline Survey**

A sample size of households from target villages was interviewed to provide a general information of the overall village population on a various aspect on DRR, Shelter, WASH, Health, CEA, and PGI.

- **Participatory Rural Appraisal (PRA)**

PRA is implemented through community meeting and focus group discussions (FGD). These were facilitated by trained personnel, utilizing five PRA tools endorsed by PMI NHQ technical team, which are:

1. Disaster and diseases history
2. Gender-based health assessment
3. Assessment of shelter trends before and after the earthquake
4. Gender-based livelihood assessment
5. Assessment of WASH trends

- **Risk Mapping**

The communities led the collection of data on risks in their community to produce map that reflect these risks. During this process, the team was exposed to knowledge and skills on developing risk-mapping and GIS application.



CBAT and community members in Pendua village, North Lombok, conducts gender mainstreaming during the Participatory Rural Appraisal as part of Vulnerability and Capacity Assessment. (Photo: IFRC)

VCA has been conducted in 16 villages in Lombok and Sumbawa Islands selected for DRR intervention. The process more than 900 people involved as respondents for DRR Baseline survey and another 700 people involved in community meetings, key informant interviews, and stakeholders’ meetings during PRA. Post VCA implementation, DRR ad-hoc team²⁶ assisted the community and DRR branches’ personnel in IVCA findings analysis. A write-shop

²⁶ Team established in the Province Level to supervise ICRR implementation. This team consists of people of DRR and PMER.

for VCA analysis was conducted on 6-10 December 2019, wherein each district presented findings of VCA and highlighted problems and potential solutions/actions to DRR, shelter, health, and WASH issues in the Hazard Vulnerability Capacity and Risk matrix. Following this, a Plan of Action workshop was conducted on 11-13 January 2020 to plan realistic and priority actions to be included in PMI ICBRR program. Considering that not all actions presented were feasible for this operation, the rest will be advocated to community stakeholders and local governments for their consideration and action. The VCA report for each 16 villages is currently being finalized and expected to finish by March 2020.

CBAT formation and training

Community-based Action Team (CBAT) is a team of community members recruited to be champions of disaster preparedness in the community. CBAT members consist of community leaders, village officials, youth, health cadres, and village key persons. These people were elected or volunteered to be actively involved in disaster risk reduction activities in the community. The teams are trained and assisted by PMI in leading the DRR activity in their communities. CBAT are also envisioned to be the first responder for emergencies. To date, five CBATs have been established in North Lombok, three in West Lombok, two in Central Lombok, four in East Lombok, one in Sumbawa, and one in West Sumbawa. Each village appointed 25 representatives to become CBAT members and the teams were officially acknowledged by village administrative decrees. The teams have been equipped with attributes/visibility such as CBAT t-shirt, vest, hat, safety helmet and dust mask by PMI/IFRC.

Since October 2019, 13 CBAT Trainings were conducted in 4 districts, involving 325 participants. During the training, CBAT members were introduced to the RC/RC Movement, participative work in the community, risk mapping, theory of DRR, PGI, communication and facilitation skills and tools, as well as programme development training. This training is conducted in seven days in each village. The training aims to ensure CBAT readiness to facilitate and participate in the community preparedness activities. The remaining CBAT trainings in 3 villages (Jenggala, Labuan Mapin, and Lamunga) will be conducted in the coming months.



CBAT Training are conducted in Pendua village, North Lombok to prepare CBAT team leading ICBRR implementation in the community. (Photo: PMI)

Constraints in conducting CBAT training:

All 16 CBAT trainings were planned to be finished by the end of January 2020. However, availability of venues to conduct the training and finding training dates suitable for all team members became challenges. Most of village public assets are being rehabilitated or reconstructed following the earthquake. CBAT training also requires a commitment of seven full-day participation, which may impact members' livelihood activities and/or postpone their progress on permanent house construction supported by the government. Therefore, per diem and transportation allowance was arranged by PMI for the participants.

Emergency Response Management training for CBAT

This training aims at providing CBATs with the necessary skills to respond to emergency. The training for all the CBATs will be conducted in the coming months.

Village Response SOPs and Simulation/drill

All 16 villages selected will have village response SOPs as well as simulation and drills. SOP development workshop will be facilitated by PMI branches involving key actors in the villages. The activities will be started on February 2020. Each village aims to:

1. Develop an early warning system (EWS)
2. Develop an evacuation plan and routes
3. Develop a contingency plan
4. Integrate risk reduction plan into village development plan
5. Conduct DRR socialization and awareness campaign in the community
6. Conduct simulation of EWS, evacuation plan, and contingency plan

School-based DRR will also be held in the coming months. The activities to be carried out are as follows:

1. Risk mapping at school
2. Development of school EWS, and evacuation plan and route

3. Development of school contingency plan
4. DRR awareness and socialization at school
5. Emergency response simulation

Prior to implementation, schoolteachers in selected schools will be trained to facilitate implementation these activities in their respective school. The training will use the standard curriculum of PMI. The training aims to prepare schoolteachers as school based DRR facilitators and the focal points for the programme implementation in schools.

Small scale mitigation projects

Villages implementing Tier 2 will have a small mitigation project, developed based on the IVCA result. The communities have prioritized the problem and identified potential solutions during IVCA. Consultation with related stakeholders will be pursued to further develop this DRR project.

NS Capacity Development

Training of ICBRR facilitators was conducted in 2 batches participated by 51 PMI staff and volunteers from North Lombok, East Lombok, Central Lombok, West Lombok, Mataram, Sumbawa and West Sumbawa. The first batch of the training was conducted on 8-15 September 2019 participated by 25 PMI personnel (20 males, 5 females). The second batch was conducted on 29 September – 6 October 2019 participated by 26 personnel (21 males, 5 females). These trainings aim to enhance VCA technical skills of PMI staff and ensure adequate resources to carry VCA process in the beginning of ICBRR intervention. The training concluded with an exercise to practice facilitating sessions on VCA. The facilitation training was followed by GIS and information management training, as well as ODK-based baseline training and VCA orientation on 8-11 October 2019, participated by 21 PMI personnel (15 males, 6 females). The training aimed to prepare the PMI facilitators with skill sets and knowledge to support VCA, particularly in developing a digital risk map using applicable mapping tools for ICBRR program, as well as specific skill sets and expertise to develop questionnaires, conduct data collection and analysis of surveys in an ODK/Kobo server. These skill sets are expected to complement the VCA process through the digitalisation of baseline information and development of risk maps.

Strengthen National Society

Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

| Indicators: | Target | Actual |
|---|--|--|
| <i># of NS branches that are well functioning</i> | 5 (North Lombok, East Lombok, West Lombok, West Sumbawa, Lombok Tengah) | Outcome indicator will be reported in final report |
| Output S1.1.1: National Society has effective and motivated volunteers who are protected | | |
| Indicators: | Target | Actual |
| <i># of volunteers insured</i> | 1,000 | 1,084 |
| <i># of volunteers involved in the operation</i> | 750 | 1,084 |
| Output S1.1.2: National Societies have the necessary corporate infrastructure and systems in place | | |
| Indicators: | Target | Actual |
| <i>NS has necessary infrastructure and systems in place</i> | Yes | Yes |
| Progress towards outcomes | | |

Volunteers:

PMI NHQ managed the rotation of specialized and trained volunteers from outside Lombok with over 1,000 volunteers deployed from August to November 2018. During the recovery phase, PMI volunteers will continue to be deployed from outside Lombok as the need arises (expecting more volunteers will be needed for the cash transfer programmes), who will coach local volunteers. Over 169 volunteers from PMI branches across Lombok have been rotated to each branch to support the operation. Whenever necessary, PMI volunteers will have refresher training/orientation related to recovery activities. The following lists trainings facilitated for PMI personnel:

Table 13: list of trainings facilitated for PMI personnel

| Name of Trainings | Date conducted | Number of participants |
|--|------------------------------------|------------------------|
| On-the-job | During emergency | 166 personnel |
| RFL Training | 30 July – 4 August 2018 | 18 personnel |
| CTP Workshop | 19-24 December 2018 | 31 personnel |
| IM Workshop | 24-25 January 2019 | 19 personnel |
| PGI Workshop | 1-2 February 2019 | 25 personnel |
| IM Refresher Workshop | 18 March 2019 | 8 personnel |
| Cash Training in Jakarta | 20-24 May 2019 | 4 personnel |
| Training of Facilitators ICBRR batch 1 | 8-15 September 2019 | 26 personnel |
| WASH Training | 23-28 September 2019 | 24 personnel |
| First Aid Specialization Training | 23-30 September 2019 | 40 personnel |
| Training of Facilitators ICBRR batch 1 | 7-11 October 2019 | 26 personnel |
| GIS and Information Management Training | 7-11 October 2019 | 20 personnel |
| Master ToT of e-Community Based Health and First Aid in Jogjakarta | 19-24 October 2019 | 1 personnel |
| Epidemic Control for Volunteer Training | 27-31 October 2019 | 24 personnel |
| Transportation Ambulance Crew | 6-22 November 2019 | 36 personnel |
| Safe Shelter Training | 15-22 November 2019 | 35 personnel |
| Block Production Training | 20-21 November 2019 | 35 personnel |
| Finance Training | 11-14 December 2019 | 18 personnel |
| Community based Health and First Aid Training | 25 December 2019 - 1 January 2020 | 22 personnel |
| Total number of PMI personnel trained as of January 2020 | approximately 252 personnel | |

Necessary infrastructure and systems in place

- Rehabilitation of offices of PMI Mataram branch and PMI provincial chapter are finished.
- POSKO PMI East Lombok is closed and returned to the branch.
- PMI West Lombok branch has inadequate infrastructure (rehabilitation is planned).
- PMI North Lombok branch was totally damaged. PMI North Lombok established a field base operation, as well as WASH base to cover West and East Lombok affected areas. POSKO PMI North Lombok has been relocated to highlands due to storm surge and tidal waves in January 2019.
- PMI NTB chapter has IM personnel monitoring and maintaining IM systems.
- Two rental warehouses are operating.
- PMI personnel have been provided with 20 laptops since October 2018 to support implementation of the operation.

Challenges:

The local government agreed to provide area for PMI North Lombok branch office and is awaiting to obtain official documents to start construction.

International Disaster Response

Outcome S2.1: Effective and coordinated international disaster response is ensured

| Indicators: | Target | Actual |
|--|---------------|--|
| % of people reached by the IFRC disaster response operations to the people affected by these emergencies | Min 5% | Outcome indicator will be reported in final report |
| IFRC engages in inter-agency coordination at the country level | Yes (Shelter) | Yes |

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

| Indicators: | Target | Actual |
|--|--------|--------|
| Mechanism for effective response preparedness identified and implemented | Yes | Yes |
| # of RDRT deployed | Min 3 | 17 |

Output S2.1.2: NS compliance with Principles and Rules for Humanitarian Assistance is improved through the integration of CEA approaches and activities

| Indicators: | Target | Actual |
|--|---------------|----------------------------------|
| % of complaints and feedback received and responded to by the NS | 85% responded | 100% responded (1,399 feedbacks) |
| # of volunteers and staff trained in CEA | | |

Output S2.1.3: Coordinating role of the IFRC within the international humanitarian system is enhanced

| Indicators: | Target | Actual |
|--|--------|--------|
| A coherent shelter strategy is developed in response to the earthquake | Yes | Yes |

Progress towards outcomes

Surge capacity mechanism is maintained:

The IFRC continues to provide technical support and guidance to PMI. As of 31 January 2020, the current human resources support for the operation are detailed below. The surge teams boosted the capacity of PMI province and branches to deliver immediate needs to affected community and management during the early stage of operation (emergency phase). The support continued to early recovery phase wherein surge teams supported the development of local capacities and provided minimum infrastructure and systems required to implement recovery activities. The details of human resources mobilized to support the operation is provided in the table below:

Table 14: number of human resources mobilized to support the operation

| Human Resources | Current Active Staff | Cumulative staff |
|---|----------------------|------------------|
| Field Coordinator | 1 | 2 |
| IFRC staff recruited for Lombok office/National staff | 25 | 26 |
| IFRC delegates recruited for Lombok office | 2 | 4 |
| IFRC CCST and APRO/MENA national staff on short mission to Lombok | 5 | 13 |
| IFRC national staff consultant | - | 1 |
| FACT/RDRT (PMER, IM, CASH, Shelter. etc.) | - | 17 |
| Partner NS HR support, under IFRC coordination (national and international) | - | 5 |
| ERU (IT&T & LOGS) | - | 1 |
| Global shelter cluster international and national staff | 1 | 4 |
| Total | 34 | 73 |

Challenges:

Working permit has been an issue in country, leading to the release of international delegates and adjustment to operational structure accordingly through national staff recruitment. This has caused delays in implementation as recruitment process to hire national staff required considerable amount of time while most international personnel had to return home. However, this situation has furthered the strengthening of localisation agenda. To date, two delegates – logistics and programme support – remain to support the operation. The operation now has dedicated national staff for finance, PMER and WASH.

Community Engagement and Accountability (CEA):

CEA has continuously supported all sectors – integrated in WASH, health and shelter by providing and sharing timely, actionable and potentially life-saving information with communities efficiently and at scale. CEA is also ensuring inclusive, participative and impactful operation by integrating derived inputs and feedbacks from the communities into the planning and implementation processes.

Various IEC materials were produced and designed based on communities' needs and contextual issues in delivering information as aid and to promote safer and healthier practices and raise communities' awareness. Understandable and contextualized key messages in accordance with target population characteristics and programmes' aims were incorporated in the IEC materials. Topics and issues covered are specific to sectoral themes ranging from malaria prevention in health, earthquake and landslide mitigation in DRR and asbestos use prevention in shelter. On CVA, supporting IEC materials were developed and tested to ensure beneficiaries are well-informed, including designs which aim to reach people with limited literacy.

A CEA coordinator was recruited by PMI at the provincial level to allow for smooth CEA integration and coordination between PMI districts branches. To ensure that CEA is mainstreamed in all services, the following are being implemented:

1. CEA minimum standards are integrated in the program cycle from assessment, design and planning, implementation, and monitoring and evaluation
2. Recommendations and findings from communities' feedbacks and inputs are presented in regular meetings of operation planning.
3. Community feedbacks are collected during activities conducted by PMI province and districts branches.

To gather feedback from communities, various CEA approaches are being used to correspond with specific context and objectives set. PMI has been managing a hotline to receive feedback, conducting SMS blasts and notifications, and developed feedback channels on social media, radio show sessions, information hub and helpdesks in distribution centre, as well as face-to-face communication. In PMI NTB provincial chapter, CEA activities have been expanded and managed with a mix of information, communication and feedback channels. These channels have been consistently promoted to affected communities and their representatives. The radio show and PMI NTB social media are also used to share up-to-date information on activities to promote participation and accountability, and counter misinformation spread in communities regarding earthquake issues and dengue prevention.

SMS blasts were used for health and hygiene promotion reaching 20,000 people – 10,000 were targeted malaria prevention messages and 10,000 with hygiene promotion messages. Targeting of the messages were based on feedbacks gathered by the CEA teams regarding cases of malaria and other common diseases in the target areas. PMI has developed partnership with telecommunication service providers for future SMS blasts in all services. This method can be applied to inform beneficiaries regarding the programmes (i.e. CVA and WASH) or to non-beneficiaries to provide information as aid. On CVA, SMS notification was utilized as one of the information channels to reach the beneficiaries directly and connect them with PMI feedback channels. PMI NTB hotline services continues to be promoted throughout all the activities in the communities.

All feedbacks from communities are recorded and documented through the CEA logbook. As of end of January 2020, PMI has received 1,399 feedbacks. Most feedbacks were responded to in under 24 hours with a smaller number being responded to within 48 hours. PMI volunteers were determined to respond to and close the feedback loop with the communities. The feedbacks were analysed with sectors accordingly to develop and improve programming and service delivery. A feedback manager (volunteer) is responsible to compile all the feedbacks. Feedback summaries are regularly shared with sector leads to adjust and develop activities according to input by communities. Feedback SOPs have been developed and implemented to guide staff and volunteers on receiving and responding to communities' feedbacks to ensure better communication and protect all personal data. Tables below provide details regarding feedback for each sector and preferable communication channels. Details of feedback derived from the community is presented in the table below:

Table 15: Number of feedbacks derived from the community regarding PMI services per sector

| Services | Complaints | Compliments | Questions | Requests | Mis-information | Suggestions and Information | Subtotal |
|--------------|------------|-------------|------------|------------|-----------------|-----------------------------|--------------|
| WASH | 17 | 27 | 18 | 190 | 1 | 21 | 274 |
| CTP | 45 | 64 | 318 | 22 | 1 | 73 | 523 |
| Relief | 24 | 19 | 47 | 53 | 1 | 40 | 184 |
| Shelter | 2 | 13 | 12 | 4 | | 1 | 32 |
| Health | 3 | 16 | 52 | 37 | | 38 | 146 |
| PSS | 2 | 15 | 2 | 15 | | 10 | 44 |
| Others | 6 | 64 | 74 | 20 | 3 | 29 | 196 |
| Total | 99 | 218 | 523 | 341 | 6 | 212 | 1,399 |

Table 16: Number of feedbacks derived from the community regarding PMI services

| Comm. Channel | Complaints | Requests | Questions | Compliments | Mis-information | Suggestions and Information | Subtotal |
|---------------|------------|------------|------------|-------------|-----------------|-----------------------------|--------------|
| Face-to-face | 51 | 107 | 266 | 198 | 2 | 152 | 776 |
| Telephone | 19 | 154 | 132 | 3 | 2 | 16 | 326 |
| WhatsApp | 16 | 36 | 52 | 6 | 1 | 13 | 124 |
| Twitter | 3 | 18 | 31 | 1 | | 3 | 56 |
| SMS | 8 | 16 | 13 | 7 | 1 | 8 | 53 |
| Facebook | 2 | 9 | 23 | 3 | | 9 | 46 |
| Instagram | | 1 | 6 | | | 11 | 18 |
| Total | 99 | 341 | 523 | 218 | 6 | 212 | 1,399 |

The CEA team also supported the PMI internal evaluation of CBI phase 2.0 which was conducted on 19 March 2019, involving 10 personnel from PMI chapter and district branches. The Wall Walk Methodology (WWM) was utilized, wherein participants are separated into two groups to identify what went well and what needed to be improved during preparedness, planning, volunteer mobilization, communication and coordination, security, finance, and monitoring, to be written down in a table on the wall. This was organized in the form of workshop at Mataram PMI office and was attended by PMI CBI and CEA teams involved in the operation. This method enabled participants to draw and document the main lessons learned and to share and use the knowledge derived from the CBI implementation, which were focused on shelter. This evaluation highlighted the importance of a stronger integration of CEA and PGI components, particularly in designing the CBI on shelter as well as the importance of incorporating input from the target beneficiaries. Feedback from communities and learnings generated from the previous intervention was beneficial for the sectoral team in designing CBI phase 3.0. The CEA team also assists in designing key messages and information aid specific to community culture and local context.

CEA also supported DRR VCA implementation to enhance community participation and design activities together with the community. Community behaviour on information sharing are being assessed in detail to understand current trends. In the baseline survey, CEA related questions regarding community preferences on receiving information and giving feedback were included. From this survey, PMI gained insight and recommendation for further action, particularly on campaign strategy. Conventional methods such as word of mouth from family and neighbours are still the main community information resource. Social media is the second most preferred information sharing and communication channel. CEA team is planning to support the campaign both in digital and direct approaches.

An Asia Pacific CEA training was conducted in Myanmar on 20-24 May 2019, focusing on the theory and the current practice on how to integrate CEA within the Red Cross and Red Crescent programme cycle during emergency operations, longer-term protracted crisis, both in contexts of natural disasters and armed conflict, as well as development programmes. Five personnel, two personnel from PMI NHQ and three personnel from IFRC, participated in this training.

Coordinating role of the IFRC within the international humanitarian system is enhanced

The SCST consists of teams in Lombok, Palu and Jakarta, and includes seconded staff from cluster partners assisting with technical support and as district coordination focal points. The team has provided support to the Ministry to run regular coordination meetings, manage and analyse response and assistance information, and develop technical guidance and sector strategies. The team has also provided technical support to both the Ministry and partners, including dedicated support on specific technical issues that have arisen from the current responses. Examples of issues requiring specific technical support include Asbestos contamination in the Lombok response, Forced Relocation and Collective Shelters in the Palu response, and HLP (Housing, Land and Property Rights) in both responses. The team is also assisting the Ministry in the development and improvement of national shelter guidelines, standards and laws, training of Ministry staff, and assisting the Ministry in its role in the reassessment and improvement of the National Disaster Management System.

The SCST's biggest goal and most significant achievement has been empowering and strengthening of the Ministry of Social Affairs to better understand and fulfil their role as lead of the National Shelter Sub-Cluster within the national protection and Displacement Cluster. Key notable achievements of the Shelter Coordination Support team include:

- Successful coordination of 67,000 household's worth of Emergency Shelter Assistance, along with 74,811

households of NFIs, and 48,743 households of Temporary Shelter assistance.

- Initial early agreement with the Ministry on coordination support needs, followed by rapid deployment of a SCST and agreement on emergency shelter strategy, IM systems, etc.
- Adoption of the PMI Shelter Guidelines as the Indonesian National Shelter Guidelines. □ Development of provincial shelter strategies on Temporary Shelter Assistance by nongovernment actors, which was then passed into a legally binding Provincial Decree (this appears to be the first time a shelter strategy has been enshrined in law globally).
- Advocating for permission to deploy an additional coordination support team to Lombok, where international assistance had previously been blocked.
- Creation of national Asbestos Risk Reduction Guidelines endorsed by the Ministry and HCT.
- Conducting an international standard Coordination Skills Training for Ministry and Department of Social Affairs staff, as well as sending National SCST staff to Global Humanitarian Shelter Coordination Training.
- Releasing National Recommendations on Housing, Land and Property Rights.
- Supporting the Ministry to host the first ever Indonesian National Shelter Week in Lombok with over 200 participants from 80 agencies across 14 countries. This included the first National Shelter Workshop, the Asia Pacific Regional Shelter Practitioners Forum and a Regional meeting of the Global Shelter Cluster.
- Supporting and accompanying Ministry staff to attend the Global Shelter Cluster Meeting in Geneva, who were recognised as the world's leading example of successful localization and nationalisation of shelter coordination.
- Coordinating safe reconstruction training for women in Palu.
- More recently, facilitating the creation of a Provincial Strategy on the role of NGOs in Permanent Housing Reconstruction, which was then also passed into law as a Ministerial Decree in Palu. This provided guidance and enshrined the right of NGOs to assist. It also for the first time provided a legal framework for supported self-relocation to self-selected sites, rather than mandatory relocation to government specified locations.
- Negotiating for asbestos to be banned from all Public Works reconstruction efforts in Palu and then facilitating the passing of a Ministerial Decree banning the use of asbestos by all agencies assisting in disaster response in the province. This is the first time a province in Indonesia has banned asbestos in a country where it is still legal for sale.

National Level Coordination

The SCST has three offices, one in Palu, Lombok and one at the national level. The National team is the largest of the three teams, providing logistics and technical support to both responses as well as hosting specialist consultants and/or seconded staff from cluster partners to assist on particular projects. The National team coordinates closely with the field offices, ensuring representation of field level concerns and issues in the broad range of National and International coordination meetings that occur at the Jakarta level. While the field offices are primarily focused on direct coordination and technical support to agencies, the national team is more focused on larger strategic issues and logistics. This includes working closely with the Ministry on development of overall sector strategy and support plans, as well as working closely with the IFRC Global Shelter Cluster team in Geneva on funding proposals, TORs for assessments, trainings and job descriptions for staff and consultants. The team also works closely with the IFRC Jakarta office to fulfil IFRC administrative, financial, HR and logistics requirements and ensure the smooth operation of the overall team.

At the national level, the twin disasters of 2018 have brought about a concerted effort to re-think and improve the national disaster management system. The success of the National Shelter Sub-Cluster has meant that the team is heavily engaged with both the National and International humanitarian community in rethinking and advising on the restructuring or improvement of the national system and the development of improved SOPs. Additional specific activities of the national team are listed below:

1. Support to TAGANA Shelter training and other Ministry events

In addition to supporting the current responses the national team supports the Ministry in other shelter related activities. One of these activities is the training of the Ministry's pool of over 30,000 TAGANA volunteers. The MoSA TAGANA program trains and deploys a pool of over 30,000 volunteers across Indonesia. Prior to 2017 these volunteers played a generic role, supporting newly affected areas in disaster response and their own provinces in disaster preparedness. The 2018 disasters have made MoSA aware of the need to train more senior TAGANA for more advanced roles, including the provision of shelter assistance. For the past year, the SCST has helped MoSA facilitate the shelter components of these trainings. In addition to supporting TAGANA training, the Ministry hosts or participates in a broad range of national events where they would like the support or participation of the SCST. This can involve a broad range of events such as the upcoming National Volunteers Day, National inter-cluster coordination meetings and reviews.

The SCST will continue to support shelter specific TAGANA training and participate in other important Ministry events over the next year, although this will remain only a small component of the work of the SCST as resources permit.

2. Information Management

The national coordination support team includes the National IM Manager who has worked closely with the Global IM Coordinator and the provincial IM staff to develop and maintain the national shelter 3W database to track the activity of cluster members. The IM team is continuously developing new tools for improved and better automated reporting and gap analysis. The team has recently launched a new interactive online dashboard and is perfecting and documenting

this for use in future response. The IM team is currently working with OCHA and the PP Cluster to organise a national IM Working Group Workshop to discuss and agree upon a common IM support strategy for the year ahead. The team plans to design and deliver an IM training based on the findings of the workshop.

Information Management plans over the next six months include:

- Continuing to maintain 3Ws, mapping for Lombok and Palu
- Provide IM support for other minor disasters as they may occur
- Designing and delivering a national Shelter IM training

3. Communications and Social Media

A critical aspect of the work of the SCST has been in the area of communications. The entire response to both the Palu and Lombok disasters has been run by both the Indonesian Government and the national response community in real time in WhatsApp Groups (WAGs). As well as speeding up communication and in many ways improving the response, this medium has posed significant challenges to ensuring transparency, accountability and open participation. The SCST Communications team continues to administer dozens of WhatsApp groups, monitoring and moderating them to ensure that questions are answered, appropriate information supplied and recorded. At the peak of the response this involved monitoring hundreds of postings per hour, cross posting key documents to appropriate groups as well as cataloguing and storing important postings to the clusters Google drive for future reference.

At the start of the Palu response the Indonesian Government made it very clear that all disaster management would be happening through the Indonesian National Disaster management system, not through the international system, and that all meetings were to be conducted in Bahasa Indonesia, preferably by Indonesians. This decision ensured that the National DM system was tested in full and pushed national actors to step up to the plate and play a more active role in disaster management. Supporting this decision proved challenging in many ways for the SCST.

High speed WhatsApp messaging in a second language was extremely challenging for non-Bahasa speakers. The SCST also spent a lot of time simultaneously translating back into English for English native speakers, as well as trying to produce as many documents as possible bilingually to ensure access to information for international donors and agencies. Finding and then engaging high level bilingual staff has also proved challenging.

In addition to the coordination work conducted largely through Whatsapp, the national communications team also manage the sub-cluster's Facebook, Twitter and Instagram accounts, as well as developing visual tools to help communicate sector's messaging and supporting MoSA staff to develop bilingual presentations and other documents as needed. The team is currently creating a short video to explain and promote the concept of shelter as a participatory people centred process and not just a product.

The Communications team plans over the next 6 months include:

- Managing and moderating Shelter Sub-cluster coordination Whatsapp Groups
- Managing Shelter Sub-cluster Social Media; Facebook, Instagram, Twitter
- Translating documents as required to ensure cluster's bilingual capacity
- Creating more simple visual content for social media to explain shelter concepts
- Assisting the ministry and SCST in the preparation of PowerPoints and PDFs

4. Regional Shelter Coordination

In addition to direct support to the current response, the SCST provides support to the Ministry to play a stronger role in both regional and global shelter coordination. In August 2019 with the support of the SCST, the Ministry of Social Affairs hosted the first Indonesian National Shelter Week. The week was formally opened by the head of the National Disaster Management Agency, along with the Deputy Director of the MoSA and the Global head of the Shelter Cluster. The week brought together more than 200 shelter practitioners from more than 80 agencies across 14 countries in the region. The week started with a two-day National Shelter Workshop focusing on lessons learned in the recent responses. This event provided a unique opportunity for the community of Indonesian shelter practitioners to come together and reflect on their experiences and engage in detailed discussions on a broad range of shelter issues in a way that has never happened before in Indonesia. The results of the workshop are being used to guide the ongoing work of the Cluster. The week included two significant regional events, the first of which was a regional meeting of the Global Shelter Cluster. This provided a unique opportunity for local and regional actors to participate and be heard in global level discussions. The second regional event was the Asia Pacific Shelter Practitioners Forum. This was the third regional shelter forum to be conducted in Asia, with the first two happening in Bangkok. The forum brings together shelter practitioners from across the region, allowing them to meet their counterparts in other countries and discuss openly the similarities and differences of response across the region. The forum aims to strengthen the regional community of practitioners and build inter-country relationships for future response. The week culminated with a one-day field trip throughout the affected areas in Lombok, allowing many international participants to visit affected areas that had previously been barred to foreigners. At the end of the week, Indonesia formally handed on the baton for the hosting of the next Regional Shelter Week to Nepal who will host a similar event later this year.

| Outcome S2.2: The complementarity and strengths of the Movement are enhanced | | |
|--|---------------|--|
| Indicator: | Target | Actual |
| <i>Complementarity and strengths of the Movement are enhanced</i> | Yes | Outcome indicator will be reported in final report |
| Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination. | | |
| Indicator: | Target | Actual |
| <i># of RCRC coordination meetings</i> | As necessary | Ongoing |
| Output S2.2.2: Shared services in areas such as IT, logistics and information management are provided | | |
| Indicator: | Target | Actual |
| <i>IM system is implemented</i> | Yes | Yes |
| Progress towards outcomes | | |
| <p>Regular weekly coordination meetings are held with PMI and partners to discuss ongoing operational progress and challenges. PMI is a member of the shelter sub-cluster group which holds meetings once a week, wherein CSOs and other NGOs from WASH sub-cluster are usually participating as well. PMI and other organizations regularly update the 5W matrix data which contains integrated information from all sectors (with detail of activities of who, what, when, where, how many) and is used as a tool to coordinate with relevant government agencies and non-governmental organizations to improve coordination and prevent duplication of interventions. During the reporting period, several joint Shelter/WASH meetings and meetings for shelter sub-cluster took place in the provincial social service office. PMI was represented in these meeting along with other CSOs and NGOs.</p> <p>Emergency Needs Assessment training of trainers for surge capacity enhancement was conducted from 8-12 April 2019 in Semarang. This training aimed at equipping assessment coordinators and information analysts with the necessary frameworks, skills and knowledge to successfully design and implement emergency needs assessments and deliver high quality end products usable for planning and strategic decision making. Participants from Indonesia, including the former PMER-delegate based in Lombok, and participants from Bangladesh and Philippines National Societies joined this training.</p> <p>Mobile data collection training of trainers was also conducted in Semarang from 13-17 May 2019. The training aimed at strengthening the capacities of NS and standardizing at global level the process of data collection, management and analysis using mobile devices. Participants from Asia Pacific National Societies and IFRC Offices, including the field officer and PMER officer based in Lombok joined the training.</p> <p>Information management (IM) PMI will utilize existing capacity to facilitate the collection, collation, analysis and dissemination of relevant multisectoral data and information to support evidence-based decision making that can contribute to an effective humanitarian intervention. IFRC CCST has installed radio communications in all POSKO in PMI districts as well as PMI NTB chapter, connected through VHF (Very High Frequency). PMI NTB chapter, PMI North Lombok and East Lombok branches are also equipped with HF (High Frequency) radio to ensure direct communication with the POSKO PMI NHQ. A refresher training is needed for radio operators of all POSKO. Support is also being provided to sectoral and cross-cutting teams to manage and process information and data including beneficiary lists, recorded through the ODK system (Open Data Kit/mobile data collection tools).</p> <p>IFRC ERU IT/Telecom visited Lombok in the early stages of the emergency to assess the IT system and reviewed provincial and district existing IT requirement and challenges faced. Some recommendations were provided based upon observation and the plan of action is yet to be received to strengthen the IT system. FACT and RDT Information Management (IM) personnel also arrived to review and strengthen the PMI information management system and also develop staff capacities on data reporting quality.</p> | | |

Influence others as leading strategic partner

Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.

| Target | Actual | Actual |
|---|--------|--|
| <i>The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels</i> | Yes | Outcome indicator will be reported in final report |

Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues

| Indicator: | Target | Actual |
|---|--------|---------------------|
| # of media log kept and shared on a monthly basis | 1 | Continuous activity |

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

| Indicator: | Target | Actual |
|--|--------|-----------------|
| # of detailed assessment report is produced | 1 | RAT published |
| # of final external evaluation of the operation is conducted | 1 | Not started yet |

Progress towards outcomes

Media relations:

Since the first earthquake, PMI has communicated actively through the traditional media, PMI website, and social media platforms. IFRC communications personnel (CCST, APRO and surge staff) supported PMI to deal with extensive international media and partner National Society interest by developing key messages, issuing information including social media content, gathering and distributing audio visual material, and conducting media trips to the field.

Red Cross actions after the earthquakes were mentioned more than 4,900 times in media and social media from 5 to 13 August 2018, international media coverage has included live and recorded interviews with CNN, Al Jazeera, France 24, Washington Post, Voice of America and Euro news, and with the arrival of surge communications, Finnish media.

Items posted on IFRC channels include:

- [In pictures: A sign of hope and recovery one year after the earthquakes](#)
- [Indonesia: Homes, food, water still top priorities six month after the Lombok Earthquake](#)
- [In pictures: Lombok earthquake runs the risk of becoming a silent disaster](#)
- [Indonesia Lombok earthquakes: Tears of relief as first help reaches remote villages](#)
- [In pictures: Survivors of Lombok earthquakes tell their stories](#)
- [In pictures: Finding the new normal through multiple earthquakes and aftershocks](#)
- [In pictures – Lombok Earthquake: One month and more than 1,500 aftershocks later](#)
- [Lombok earthquakes: First aid family gets back up from Indonesia Red Cross](#)
- [Indonesia: In wake of “exceptionally destructive” earthquake, Red Cross announces major recovery and rebuilding operation](#)

The communications team generated and shared communication packs which included key messages and figures, photos, infographics and videos to showcase the work of the PMI, particularly on shelter cash assistance, shelter, WASH, health, DRR. Communication products has been shared and published by local online and conventional media. Press has been invited in PMI activity and engaged as partner for public relation.

Assessments and evaluations:

PMI and IFRC have been assessing the changing needs in from the emergency to the recovery phase. FGD exercises in three selected areas showed that shelter and WASH was the best entry point to start recovery interventions while the other sectors such as health, PSS, DRR, CEA, NSD will be complementary components designed for community resilience. The Real Time Evaluation (RTE) was conducted in Lombok province with the mobilized staff and volunteers to review the effectiveness of the operation and feed into further planning, as well as assess the operationalization of the localization principle. The EPOA was revised according to these assessments.

The progress of the operation is closely monitored and reported weekly to CCST Indonesia Office and regularly provided to the general public through operation updates. IM personnel and sector leads are consulted throughout the process of generating reports to ensure high quality and validity of data reporting. Additionally, a mid-term review, covering operations in Lombok and Sulawesi, is expected to be conducted on February 2020.

| | | |
|---|---------------|--|
| Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded. | | |
| Indicator: | Target | Actual |
| <i>Work in planning and reporting to ensure effective accountability internally and externally</i> | Yes | Outcome indicator will be reported in final report |
| Output S3.2.1: Resource generation and related accountability models are developed and improved | | |
| Indicator: | Target | Actual |
| <i>Meeting and reporting deadlines are respected</i> | Yes | Yes |
| Output S3.2.2 National Societies are supported in resource and partnership development (from both domestic markets and foreign sources). | | |
| Indicator: | Target | Actual |
| <i># of meetings with diplomatic representations</i> | 4 | As necessary |
| Progress towards outcomes | | |
| <p>Partners who have contributed to the IFRC Emergency Appeal can be found in the donor response list. IFRC's Resource Mobilization team has been actively coordinating with donors (via partners call and meetings) and drafting proposals to fill the funding gap in some of the sectors within the emergency appeal. The Emergency Appeal Plan of Action was revised following the joint recovery assessment and further localized assessments. This document has been shared with partners.</p> <p>Situation reports and operation updates have been issued accordingly in coordination with Asia Pacific Regional Office. In addition, PMER continuously monitors and liaises with sectoral teams on issuing donor reports based on donor earmarked funding for the operation. To consolidate federation-wide responses for this operation, a Federation Wide Report will be issued.</p> | | |
| Effective, credible and accountable IFRC | | |
| Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability | | |
| Indicator: | Target | Actual |
| <i>% of operations in accordance to established guidelines</i> | 100% | Outcome indicator will be reported in final report |
| Output S4.1.1: IFRC staff shows good level of engagement and performance | | |
| Indicator: | Target | Actual |
| <i>% compliance with IFRC HR procedures</i> | 100% | 100% |
| Output S4.1.2: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders. | | |
| Indicator: | Target | Actual |
| <i>% compliance with IFRC financial procedures</i> | 100% | 100% |
| Output S4.1.3: Staff security is prioritized in all IFRC activities | | |
| Indicator: | Target | Actual |
| <i># of updated security guidelines produced before second month</i> | 1 | Updates will be made as necessary |
| Progress towards outcomes | | |
| <p>PMI and IFRC work together to safeguard an efficient operation. Operational expenses such as volunteer per diems, accommodation, transportation, communication and coordination activities are factored in. Procurement is done following IFRC standard procedures. Finance and administration support to the operation is provided to the operation and staff. Security plans are also in place to ensure safety and wellbeing of staff and volunteers.</p> <p>To further develop financial reporting and compliance to finance procedure, finance training for PMI personnel was held in Mataram, Lombok on 10-13 December 2019 with finance staff working on earthquake operation across PMI province and branches in NTB, Sulawesi Tengah, and PMI NHQ participating. The training focused on basic financial management with a thorough discussion around practical challenges, reporting deadlines, as well as lessons learnt from all finance colleagues. Continuous mentoring was provided as the part of their capacity building, more accurate and timely financial reporting from PMI branches is expected which will enable IFRC to provide a more updated financial</p> | | |

report to its management and stakeholders. In addition, IFRC finance team in Lombok will continue its close collaboration with its counterpart to actively collect reports from branches.

D. BUDGET

Detailed expenditure is outlined in the [attached](#) interim financial report.

Reference documents



Click here for:

- [Previous Appeals and updates](#)
- [Emergency Plan of Action \(EPoA\)](#)

For further information, specifically related to this operation please contact:

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- **Nelson Castano**, manager, operations coordination; email: nelson.castano@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace.**

Emergency Appeal

INTERIM FINANCIAL REPORT

| Selected Parameters | | | |
|---------------------|---------------|-----------|----------|
| Reporting Timeframe | 2018/7-2020/1 | Operation | MDRID013 |
| Budget Timeframe | 2018/7-2021/2 | Budget | APPROVED |

Prepared on 18 Mar 2020

All figures are in Swiss Francs (CHF)

MDRID013 - Indonesia - Earthquakes and Tsunamis

Operating Timeframe: 31 Jul 2018 to 28 Feb 2021; appeal launch date: 08 Aug 2018

I. Emergency Appeal Funding Requirements

| Thematic Area Code | Requirements CHF |
|---|-------------------|
| AOF1 - Disaster risk reduction | 5,107,000 |
| AOF2 - Shelter | 8,060,868 |
| AOF3 - Livelihoods and basic needs | 7,666,000 |
| AOF4 - Health | 1,759,945 |
| AOF5 - Water, sanitation and hygiene | 3,676,945 |
| AOF6 - Protection, Gender & Inclusion | 616,000 |
| AOF7 - Migration | 661,000 |
| SFI1 - Strengthen National Societies | 3,279,000 |
| SFI2 - Effective international disaster management | 6,163,866 |
| SFI3 - Influence others as leading strategic partners | 1,448,000 |
| SFI4 - Ensure a strong IFRC | 463,000 |
| Total Funding Requirements | 38,901,624 |
| Donor Response* as per 18 Mar 2020 | 35,838,770 |
| Appeal Coverage | 92.13% |

II. IFRC Operating Budget Implementation

| Thematic Area Code | Budget | Expenditure | Variance |
|---|-------------------|-------------------|-------------------|
| AOF1 - Disaster risk reduction | 1,339,820 | 146,547 | 1,193,274 |
| AOF2 - Shelter | 9,605,369 | 7,665,862 | 1,939,507 |
| AOF3 - Livelihoods and basic needs | 6,652,803 | 1,406,632 | 5,246,171 |
| AOF4 - Health | 2,892,718 | 1,206,633 | 1,686,085 |
| AOF5 - Water, sanitation and hygiene | 2,775,629 | 1,475,644 | 1,299,985 |
| AOF6 - Protection, Gender & Inclusion | 31,694 | 25,160 | 6,534 |
| AOF7 - Migration | 546,810 | 552,184 | -5,374 |
| SFI1 - Strengthen National Societies | 2,287,034 | 647,219 | 1,639,816 |
| SFI2 - Effective international disaster management | 6,596,218 | 3,780,297 | 2,815,921 |
| SFI3 - Influence others as leading strategic partners | 1,073,932 | 562,974 | 510,959 |
| SFI4 - Ensure a strong IFRC | 3,121,532 | 2,234,711 | 886,821 |
| Grand Total | 36,923,560 | 19,703,862 | 17,219,698 |

III. Operating Movement & Closing Balance per 2020/01

| | |
|---|-------------------|
| Opening Balance | 0 |
| Income (includes outstanding DREF Loan per IV.) | 36,688,134 |
| Expenditure | -19,703,862 |
| Closing Balance | 16,984,272 |
| Deferred Income | 1,286,517 |
| Funds Available | 18,270,788 |

IV. DREF Loan

| | | | | | | |
|----------------------------------|--------|-----------|--------------|-----------|----------------------|----------|
| * not included in Donor Response | Loan : | 1,578,621 | Reimbursed : | 1,578,621 | Outstanding : | 0 |
|----------------------------------|--------|-----------|--------------|-----------|----------------------|----------|

Emergency Appeal

INTERIM FINANCIAL REPORT

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Prepared on 18 Mar 2020

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MDRID013 - Indonesia - Earthquakes and Tsunamis

Operating Timeframe: 31 Jul 2018 to 28 Feb 2021; appeal launch date: 08 Aug 2018

V. Contributions by Donor and Other Income

| Opening Balance | | | | | | | 0 |
|--|-----------|--------------|------------------|--------------|-----------|-----------------|---|
| Income Type | Cash | InKind Goods | InKind Personnel | Other Income | TOTAL | Deferred Income | |
| Albanian Red Cross | 10,000 | | | | 10,000 | | |
| American Red Cross | 2,209,810 | | | | 2,209,810 | | |
| Australian Government | 359,802 | | | | 359,802 | | |
| Australian Red Cross | 745,361 | 11,610 | 7,829 | | 764,799 | | |
| Australian Red Cross (from Australian Government*) | 269,813 | | | | 269,813 | | |
| Austrian Red Cross (from Austrian Government*) | 1,093,037 | | | | 1,093,037 | | |
| Avery Dennison Foundation | 4,952 | | | | 4,952 | | |
| Belgian Red Cross (Francophone) | 736,770 | | | | 736,770 | | |
| British Red Cross | 4,350,566 | 79,353 | | | 4,429,919 | 738,483 | |
| Charities Aid Foundation | 26,053 | | | | 26,053 | | |
| China Red Cross, Hong Kong branch | 50,118 | | | | 50,118 | | |
| China Red Cross, Macau Branch | 75,730 | | | | 75,730 | | |
| Cyprus Government | 22,538 | | | | 22,538 | | |
| Czech Government | 435,614 | | | | 435,614 | | |
| Czech Red Cross (from Czech private donors*) | 4,260 | | | | 4,260 | | |
| Danish Red Cross | 80,000 | | 22,800 | | 102,800 | | |
| European Commission - DG ECHO | 819,973 | | | | 819,973 | | |
| Finland - Private Donors | 57 | | | | 57 | | |
| Finnish Red Cross | 84,505 | | | | 84,505 | | |
| French Red Cross | 189,488 | | | | 189,488 | | |
| German Red Cross | 737,623 | 907,472 | 45,521 | | 1,690,616 | | |
| Germany - Private Donors | 171 | | | | 171 | | |
| Government of Malta | 33,719 | | | | 33,719 | | |
| Grab-GP Network Asia PTE LTD | 35,244 | | | | 35,244 | | |
| Hewlett Packard Co. Foundation | 23,710 | | | | 23,710 | | |
| IFRC at the UN Inc (from Coca Cola Foundation*) | 940,891 | | | | 940,891 | | |
| IFRC at the UN Inc (from Facebook*) | 945,849 | | | | 945,849 | | |
| IFRC at the UN Inc (from Tides Foundation*) | 218,521 | | | | 218,521 | 19,843 | |
| IKEA Foundation | 15,000 | | | | 15,000 | | |
| Indonesia - Private Donors | 198 | | | | 198 | | |
| Intercontinental Hotels Groups(IHG) | 24,354 | | | | 24,354 | | |
| Ireland - Private Donors | 114 | | | | 114 | | |
| Irish Government | 285,751 | | | | 285,751 | | |
| Italian Government Bilateral Emergency Fund | 511,436 | | | | 511,436 | | |
| Italian Red Cross | 34,235 | | | | 34,235 | | |
| Japanese Red Cross Society | 882,708 | 418,015 | | | 1,300,722 | | |
| Liechtenstein Government | 100,000 | | | | 100,000 | | |
| Liechtenstein Red Cross | 202,147 | | | | 202,147 | | |
| Lululemon HK LTD | 4,897 | | | | 4,897 | | |
| Luxembourg Government | 147,345 | | | | 147,345 | | |
| Monaco Government | 113,686 | | | | 113,686 | | |
| Mondelez International Foundation | 4,729 | | | | 4,729 | | |
| Netherlands - Private Donors | 114 | | | | 114 | | |
| New Zealand Government | 2,462,250 | | | | 2,462,250 | | |
| Norwegian Red Cross | 220,586 | 119,135 | | | 339,722 | | |
| Norwegian Red Cross (from Norwegian Government*) | 851,371 | | | | 851,371 | | |
| On Line donations | 29,977 | | | | 29,977 | | |

Emergency Appeal

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MDRID013 - Indonesia - Earthquakes and Tsunamis

Operating Timeframe: 31 Jul 2018 to 28 Feb 2021; appeal launch date: 08 Aug 2018

| Income Type | Cash | InKind Goods | InKind Personnel | Other Income | TOTAL | Deferred Income |
|--|-------------------|------------------|------------------|---------------|-------------------|------------------|
| OPEC Fund For International Development-OFID | 787,463 | | | | 787,463 | |
| Red Cross of Monaco | 59,277 | | | | 59,277 | |
| Red Cross of Viet Nam | 9,966 | | | | 9,966 | |
| Singapore - Private Donors | 289 | | | | 289 | |
| Slovenia Government | 56,392 | | | | 56,392 | |
| Spain - Private Donors | 80 | | | | 80 | |
| Spanish Government | 411,019 | | | | 411,019 | |
| Spanish Red Cross | 234,057 | | | | 234,057 | |
| Swedish Red Cross | 158,085 | | | | 158,085 | |
| Swedish Red Cross (from Swedish Government*) | 1,095,117 | | | | 1,095,117 | |
| Swiss Government | 800,000 | | | | 800,000 | |
| Swiss Red Cross | 630,000 | | | | 630,000 | |
| Switzerland - Private Donors | 200 | | | | 200 | |
| Taiwan Red Cross Organisation | 136,500 | | | | 136,500 | |
| The Canadian Red Cross Society | 511,584 | 103,268 | | | 614,852 | |
| The Canadian Red Cross Society (from Canadian Gov | 549,667 | | | | 549,667 | |
| The David&Lucile Packard Fdtion | 101,986 | | | | 101,986 | |
| The Netherlands Red Cross | 3,544,059 | | | | 3,544,059 | |
| The Netherlands Red Cross (from Netherlands Govern | 1,707,396 | | | | 1,707,396 | |
| The Republic of Korea National Red Cross | 1,893,658 | | | | 1,893,658 | |
| Ultradent Products, Inc. | 14,226 | | | | 14,226 | |
| United States Government - USAID | 1,106,890 | 538,519 | | | 1,645,409 | 528,191 |
| United States - Private Donors | 8,789 | | | | 8,789 | |
| UPS foundation | 172,919 | | | | 172,919 | |
| Western Union Foundation | 52,993 | | | | 52,993 | |
| Write off & provisions | | | | -3,074 | -3,074 | |
| Total Contributions and Other Income | 34,437,687 | 2,177,371 | 76,150 | -3,074 | 36,688,134 | 1,286,517 |
| Total Income and Deferred Income | | | | | 36,688,134 | 1,286,517 |